FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90032 043 ****61.25

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DOCUMENT # N50203

1. Corporation Name
FRIENDS OF THE EAU GALLIE LIBRARY, INC.

Principal Place of Business	Mailing Address
1521 PINEAPPLE AVENUE MELBOURNE FL 32935	1521 PINEAPPLE AVENUE MELBOURNE FL 32935

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/27/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3135147 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WEISMAN, SANDRA
2334 GOLF LAKE CIRCLE
#421
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPECTOR, MAX		1.2 NAME		
STREET ADDRESS	3082 BLACKBIRD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELIZABETH SEIFERT		2.2 NAME		
STREET ADDRESS	308 FIFTH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL 32951		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	STUART, PATRICIA		3.2 NAME	King, Virginia	
STREET ADDRESS	310 MICHIGAN AVE.		3.3 STREET ADDRESS	2419 Apalachee Dr.	
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP	Melbourne, Fl. 32935	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEISMAN, SANDRA		4.2 NAME		
STREET ADDRESS	2334 GOLF LAKE CIR., #421		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	RS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARBARA MCKINLEY		5.2 NAME		
STREET ADDRESS	1001 EAU GALLIE BLVD #338		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		5.4 CITY-ST-ZIP		
TITLE	PP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CAROL GUNDLE		6.2 NAME		
STREET ADDRESS	1808 HIGHLAND AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Weisman SIGNATURE REQUIRED Sandra Weisman 2/8/99 407 259 6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)