NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	ô

DOCUMENT # N9400001969 (4)

THE FRIENDS OF THE LIBRARY - LOWER KEYS, INC.

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Principal Place of Business Mailing Address)	AND NAMED TRACTOR				
RT 5. BOX 8 BIG PINE KEY FL 33043 RT 5. BOX 8 BIG PINE KEY FL 33043									
						3. Date Incorporated or Qualified 04/18/1994	3a. Date of Les 05/01/1	· ·	
2. Principal Place of Business 22. Mailing Address					4. FEI Number	<u> </u>	Applied For		
A BIG PINE KEY LIBRARY 26 30159 OFFANDER BLYD				. 65-0480681	- 607	Not Applicable			
Suite, Apt. #, etc. 22 RT 7 Box 1.3 . 27					5. Certificate of Status Desired	LJ Fee	5 Additional Required		
City & State City & State 23 BIG-PINE KEY 28 BIG-PINE			KEY, FL.		FL.	Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees	
Zip	Country	Zip	_ Cou		~	8. This corporation has liability for inf		s. 199.032,	
24 33 <i>09</i>	$\frac{43}{3}$ 25 $U S A$	29 33043-47423	0 4	4 .S	· <i>H</i>	Florida Statutes 10. Name and Address of New Re	Yes No		
	9. Name and Address of Current	Registered Agent		81 Na	ame 🐔	 	T		
						IZABETH C. LEMON			
	LARRY R			82 St		ass (P.O. Box Number is Not Acceptable 59 OLEANDER	BLYD.	1	
	FICES OF MEYER & ERKSINE			83	301	SQ OLLANUER	<u> </u>		
RT 5, BC									
DIG PINE	EKEY FL 33043			84 Ci	BIR	PINE KEY		Zip Code	
11. Pursuant t	o the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes, f	the abo	ve-nam		esta a a chamita Abin nantananna far Aba muun	and of abanding to	rogictored office	
or register-	ed agent, or both, in the State of Florida	 Such change was authorized to n 617,0503. Florida Statutes. 	by the c	corporat	ion's board	d of directors. I hereby accept the appoil	ntment as registere	id agent. I am	
	Co Co Alum	C. (ELIZABE	7°H	C.	LEMO	ON) PRESIDENT .	APRIL 2	ne. 1996.	
SIGNATURE _	Signature, typed or printed name of registered agent at	- CU ,		Agent sign	nature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	SD	DELETE	1.1 TO			BATHY MCMINN .	N/I a	- E ADDITION	
NAME	THOMMES, SUSAN		1.2 N/		10	?. O. Box 430510	in Jen		
STREET ADDRESS	PO BOX 144 N/A			TREET ADD	ncoo	FL. 33643.			
CITY-ST-ZIP	BIG PINE KEY FL 33043	DELETE	1.4 CI 2.1 TI	TY-ST-ZIF			, Change	Addition	
TITLE	PD CHICAN P	Morreit	2.7 N		'	P.D. ELIZABETH. C. LEI	YON -	_	
NAME .	GANES, SUSAN B			rreet add	BECC			-t	
STREE1 ADDRESS	681 WEST INDIES DRIVE SUMMERLAND KEY FL 33043			:ITY-ST-ZI		BIG PINE KEY	FL.3304	13-4/42	
CITY-ST-ZIP TITLE	VPD	⊠)DELETE	3.1 TI			100	<u>P</u> Change		
NAME	PERKINS, NANCY G		3.2 N	AME	1 7	EDNARD KHIPPEN	NI	a.	
STREET ADDRESS	3312 NORTH SIDE DRIVE #41	8	3.3 \$	TREET ADD	RESS 🖋	8763 BOX 2010	•		
CITY-ST-ZIP	KEY WEST FL 33040		3.4. C	ITY-ST-Z		BIG PINE KEY FL3			
TITLÉ	TD	⊠ DELETE	4.1 TI	TLE		D.	□ Change	e 🔲 Addition	
NAME	YAKEL, LINDA		4. 2 N	IAME	6	SCACE MANNILLO	· / -		
STREET ADDRESS	P.O. BOX 106		4.3 S	TREET ADD	PRESS 4	1506 SUNRISE DRI	7 330		
CITY-ST-ZIP	BIG PINE KEY FL 33043	Floriers		ITY-ST-ZI	P	BIG PINE KEY F			
TITLE		DELETE	5.1 TI				Change	e 🔲 Addition	
NAME			5.2 N					}	
STREET ADDRESS				TREET ADD	l l				
CITY-ST-ZIP		DELETE	5.4 C	ITY-ST-ZI ITI F	r		☐ Change	e Addition	
TITLE		Посселе	6.2 N		- 1			_	
NAME STREET ADDRESS				TREET ADD	DRESS				
CITY-ST-ZIP				ITY-ST-ZI					
14 Ldo borok	L by certify that the information supplied w	ith this filing is voluntarily furnish	ed and	does no	ot qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida Staf	utes. I further	
certify that oath: that	t the information indicated on this provi	al report or supplemental annual ation or the receiver or trustee e	report mpowe	IS TO IO A	ina accura	te and that my signature shall have the s s report as required by Chapter 617, Flo	same legal enect as	siimade under i	

W. L. LLUCIA (ELIZABETH C LEMON)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

APRIL 2nd 1966,