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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N94000001969 (4)** NC 3/5pm

1. Corporation Name

~~THE FRIENDS OF THE LIBRARY - LOWER KEYS, INC.~~

THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.

Principal Place of Business	Mailing Address
BIG PINE KEY LIBRARY RT. 7. BOX 13 BIG PINE KEY FL 33043 US	30159 OLEANDER BLVD BIG PINE KEY FL 33043-4742 US

3. Date Incorporated or Qualified: 04/18/1994	3a. Date of Last Report: 04/17/1996
4. FEI Number: 65-0480681	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.:	26 Suite, Apt. #, etc.: 30159 Oleander Blvd
22 Rt. 7 Box 12	27
23 City & State: Big Pine Key,Fl	28 City & State: Big Pine Key, Fl.
24 Zip: 33043 25 Country: U.S.A.	29 Zip: 33043 30 Country: U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELIZABETH C LEMON 30159 OLEANDER BLVD RT 5, BOX 8 BIG PINE KEY FL 33043	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	SD	☒ DELETE	1.1 TITLE	S.D. ☒ Change ☐ Addition
NAME	CATHY MCMINN		1.2 NAME	Grace Mannillo
STREET ADDRESS	P. O. BOX 430510 -28950 Watson Blvd		1.3 STREET ADDRESS	1506 Sunrise Dr
CITY-ST-ZIP	BIG PINE KEY FL		1.4 CITY-ST-ZIP	Big Pine Key, Fl. 33043
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH C LEMON		2.2 NAME	
STREET ADDRESS	30159 OLEANDER BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL		2.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD KLIPPEN		3.2 NAME	
STREET ADDRESS	RT. 3, BOX 201D -29122 Guava Lane		3.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL		3.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	4.1 TITLE	T.D. ☒ Change ☐ Addition
NAME	GRACE MANNILLO		4.2 NAME	Cathy Mc Minn
STREET ADDRESS	1506 SUNRISE DRIVE		4.3 STREET ADDRESS	P.O. Box 430510 -28950 Watson Blvd
CITY-ST-ZIP	BIG PINE KEY FL		4.4 CITY-ST-ZIP	~~Big Pine Key, Fl. 33043~~
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	000002122090
STREET ADDRESS			6.3 STREET ADDRESS	-03/24/97--01132--038
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

14. I do 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.

3-24

SIGNATURE: Elizabeth C. Lemon RECEIVED Elizabeth C. Lemon 305 - 872-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024727