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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000001969

1. Corporation Name
THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.

454406 - 90021 - 19

Principal Place of Business	Mailing Address
BIG PINE KEY LIBRARY 213 KEY DEER BLVD BIG PINE KEY FL 33043 US	P O BOX 1811 213 KEY DEER BLVD BIG PINE KEY FL 33043-4742 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0480681 ☐ 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

KLIPPEN, LEONARD E
29122 GUAVA LN
RT 5, BOX 8
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name: LINDA YORDE
82 Street Address (P.O. Box Number is Not Acceptable): 155 N. AIRPORT DRIVE
83: SUMMERLAND KEY
84 City: FL 85 Zip Code: 33042

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: Linda Yorde LINDA YORDE 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MANNILLO, GRACE		1.2 NAME		
STREET ADDRESS	1506 SUNRISE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		1.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LEONARD KLIPPEN		2.2 NAME	LAWRENCE-ANTHONY	
STREET ADDRESS	29122 GUAVA LN		2.3 STREET ADDRESS	1111 OCEAN DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043		2.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	VD	☐ DELETE	3.1 TITLE	P/D	☑ Change ☐ Addition
NAME	YORDE, LINDA		3.2 NAME	LINDA YORDE	
STREET ADDRESS	P O BOX 420642		3.3 STREET ADDRESS	PO Box 420642	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		3.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	DV	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BILLENS, MARGE		4.2 NAME	MARY MULLIGAN	
STREET ADDRESS	30982 BAILEYS LN		4.3 STREET ADDRESS	20953 7TH AVENUE WEST	
CITY-ST-ZIP	BIG PINE KEY FL 33043		4.4 CITY-ST-ZIP	CUDJOE KEY, FL 33042	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	BARBARA MILLENBRUCH	
STREET ADDRESS			5.3 STREET ADDRESS	29169 TULIP LANE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE		☐ DELETE	6.1 TITLE	T/D	☐ Change ☑ Addition
NAME			6.2 NAME	LEAH CAMP	
STREET ADDRESS			6.3 STREET ADDRESS	30632 WINIFRED STREET	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043	

CR2E037 (11/98)

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: Linda Yorde **REQUIRED** LINDA YORDE 4-26-99 305/745-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #