

FILE NOW: FILING FEE IS \$61.25

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.

Principal Place of Business

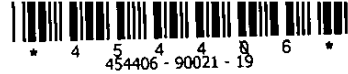
**BIG PINE KEY LIBRARY
213 KEY DEER BLVD
BIG PINE KEY FL 33043
US**

Mailing Address

**P O BOX 1811
213 KEY DEER BLVD
BIG PINE KEY FL 33043-4742
US**

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90021 019 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

3. Date Incorporated or Qualified

04/18/1994

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

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

TITLE **SD** ☐ DELETE
NAME **MANNILLO, GRACE**
STREET ADDRESS **1506 SUNRISE DR.**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE **PD** ☒ DELETE
NAME **LEONARD KLIPPEN**
STREET ADDRESS **29122 GUAVA LN**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE **VD** ☐ DELETE
NAME **YORDE, LINDA**
STREET ADDRESS **P O BOX 420642**
CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE **DV** ☐ DELETE
NAME **BILLENS, MARGE**
STREET ADDRESS **30982 BAILEYS LN**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **LAWRENCE, ANTHONY**
2.3 STREET ADDRESS **1111 OCEAN DRIVE**
2.4 CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

3.1 TITLE **P/D** ☒ Change ☐ Addition
3.2 NAME **LINDA YORDE**
3.3 STREET ADDRESS **P O BOX 420642**
3.4 CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **MARY MULLIGAN**
4.3 STREET ADDRESS **20953 7TH AVENUE WEST**
4.4 CITY-ST-ZIP **CUDJOE KEY, FL 33042**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **BARBARA MILLENBRUCH**
5.3 STREET ADDRESS **29169 TULIP LANE**
5.4 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

6.1 TITLE **T/D** ☐ Change ☒ Addition
6.2 NAME **LEAH CAMP**
6.3 STREET ADDRESS **30632 WINIFRED STREET**
6.4 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

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, on an attachment with an address, with all other like empowered.

SIGNATURE: **Linda Yorde** **LINDA YORDE**

4-26-99

305/745-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0025176