

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002382 (9)

1. Corporation Name

FRIENDS OF THE BARTOW PUBLIC LIBRARY, INC.



Principal Place of Business

**315 E PARKER STREET
BARTOW FL 33830**

Mailing Address

**315 E PARKER STREET
BARTOW FL 33830**

3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3270520	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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, GEORGE T III
245 SOUTH CENTRAL AVE
BARTOW FL 33830**

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

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	D ☐ DELETE	1.1 TITLE	T ☒ Change ☐ Addition
NAME	HECKERT, FLOYD	1.2 NAME	Egli, Molly
STREET ADDRESS	2055 S FLORAL AVE #150	1.3 STREET ADDRESS	1050 Bear Creek Drive
CITY-ST-ZIP	BARTOW FL 33830	1.4 CITY-ST-ZIP	Bartow FL
TITLE	D ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HECKERT, NANCY	2.2 NAME	Sorensen, Margaret
STREET ADDRESS	2055 S FLORAL AVE #150	2.3 STREET ADDRESS	740 Pearl E.
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	Bartow FL 33830
TITLE	D ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	EGLI, MOLLY	3.2 NAME	Weld, Ann
STREET ADDRESS	1050 BEAR CREEK DRIVE	3.3 STREET ADDRESS	1310 S. Orange Ave.
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	Bartow FL 33830
TITLE	D ☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	SEWELL, SANDY	4.2 NAME	Snapp, Pauline
STREET ADDRESS	755 E LEMON STREET	4.3 STREET ADDRESS	2055 Floral Ave. S.
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	Bartow FL 33830
TITLE	P ☐ DELETE	5.1 TITLE	S ☒ Change ☐ Addition
NAME	HALLOCK, DAVID	5.2 NAME	Sewell, Sandy
STREET ADDRESS	1355 S ORANGE AVE	5.3 STREET ADDRESS	755 E. Lemon St.
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	Bartow FL 33830
TITLE	V ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	SCHMIDT, CAROL	6.2 NAME	Garmon, Wanda
STREET ADDRESS	420 S OAK AVE	6.3 STREET ADDRESS	2055 Floral Ave S.
CITY-ST-ZIP	BARTOW FL 33830	6.4 CITY-ST-ZIP	Bartow FL 33830

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Schmidt 2 April 96

441-534-0131

Date

Daytime Phone #

CR2E037 (12/95)