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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
315 E PARKER STREET BARTOW FL 33830	315 E PARKER STREET BARTOW FL 33830-4722

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	T	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	EGLI, MOLLY		1.2 NAME	Egli, Molly	
STREET ADDRESS	1050 BEAR CRECK DR		1.3 STREET ADDRESS	1850 Bearcreek Dr.	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	Bartow, FL	
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	HECKERT, NANCY		2.2 NAME	Heckert, Floyd	
STREET ADDRESS	2055 S FLORAL AVE #150		2.3 STREET ADDRESS	2055 S. Floral Ave # 150	
CITY-ST-ZIP	BARTOW FL 33830		2.4 CITY-ST-ZIP	Bartow, FL	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	EGLI, MOLLY		3.2 NAME	Heckert, Nancy	
STREET ADDRESS	1050 BEAR CREEK DRIVE		3.3 STREET ADDRESS	2055 S. Floral Ave # 150	
CITY-ST-ZIP	BARTOW FL 33830		3.4 CITY-ST-ZIP	Bartow, FL	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SEWELL, SANDY		4.2 NAME	Sewell, Sandy	
STREET ADDRESS	755 E LEMON STREET		4.3 STREET ADDRESS	755 E. Lemon St.	
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP	Bartow, FL	
TITLE	P	☐ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	HALLOCK, DAVID		5.2 NAME	HALLOCK, David	
STREET ADDRESS	1355 S ORANGE AVE		5.3 STREET ADDRESS	1355 S. Orange Ave	
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP	Bartow, FL	
TITLE	V	☐ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME	SCHMIDT, CAROL		6.2 NAME	Sorensen, Margaret	
STREET ADDRESS	420 S OAK AVE		6.3 STREET ADDRESS	740 E. Pearl St.	
CITY-ST-ZIP	BARTOW FL 33830		6.4 CITY-ST-ZIP	Bartow, FL	

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.

SIGNATURE: David Hallock 2-28-97 (941)533-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053496