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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000002382**

1. Corporation Name
FRIENDS OF THE BARTOW PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
2150 S BROAKWAY AVE BARTOW FL 33830 US	2150 S BROADWAY AVE BARTOW FL 33830 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/10/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3270520 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EGLI MOLLY		1.2 NAME		
STREET ADDRESS	1050 BEAR CRECK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HECKERT, NANCY		2.2 NAME		
STREET ADDRESS	2055 S FLORAL AVE #150		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		2. 4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HECKERT, FLOYD		3.2 NAME		
STREET ADDRESS	2055 S FLORAL AVE SUITE 150		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEWELL SANDY		4. 2 NAME		
STREET ADDRESS	755 E LEMON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALLOCK, DAVID		5.2 NAME		
STREET ADDRESS	1355 S ORANGE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	SORENSEN, MARGARET		6.2 NAME	Weld, Ann	
STREET ADDRESS	740 E PEARL ST		6.3 STREET ADDRESS	1310 S. Orange Ave	
CITY-ST-ZIP	BARTOW FL 33830		6.4 CITY-ST-ZIP	Bartow FL 33830	

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: David D. Hallock T 1-7-99 (941)533-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #