

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N94000003921 (3)

1. Corporation Name

FRIENDS OF MURDOCK PUBLIC LIBRARY, INC.

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

18400 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948

Mailing Address

18400 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report
4. FEI Number 65-0519000	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAZVOZA, NANCY A
 18400 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

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 the 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FLANDERS, JEFFERSON
STREET ADDRESS	1617 TAMiami TRAIL
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	VD
NAME	JONES, MELISSA
STREET ADDRESS	18400 MURDOCK CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	VD
NAME	MCCOMBS, DIANNE
STREET ADDRESS	1215 CLEARVIEW DR.
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	SD
NAME	ELMORE, ELEANOR
STREET ADDRESS	442 LINTON LANE
CITY - ST - ZIP	PORT CHARLOTTE FL 33952
TITLE	TD
NAME	ARNOLD, JEFFREY
STREET ADDRESS	1539 EAGLE ST.
CITY - ST - ZIP	PORT CHARLOTTE FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Melissa Jones	
1.3 STREET ADDRESS	18501 Murdock Circle, 6th fl.	
1.4 CITY - ST - ZIP	Port Charlotte, FL 33948	☒ Change ☐ Addition
2.1 TITLE	This position is vacant.	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/95

Date

813-625-0700

Daytime Phone

CR2E037 (3-95)