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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000003921

1. Corporation Name

FRIENDS OF MURDOCK PUBLIC LIBRARY, INC.

Principal Place of Business

18400 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

Mailing Address

18400 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0519000

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RAZVOZA, NANCY A
 18400 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name **Angelyn H. Patteson**
 82 Street Address (P.O. Box Number is Not Acceptable)
18400 Murdock Circle
 83 **Port Charlotte, FL 33948**
 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)

1/15/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
 NAME **P JONES, MELISSA**
 STREET ADDRESS **18501 MURDOCK CIR., 6TH FLOOR**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
 NAME **P MCCOMBS, DIANNE**
 STREET ADDRESS **1215 CLEARVIEW DR.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☒ DELETE
 NAME **SD BANKS, BARBARA**
 STREET ADDRESS **1235 TALBOT STREET**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☒ DELETE
 NAME **TD BASIL BANKS**
 STREET ADDRESS **1235 TALBOT ST.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
 NAME **VD DOROTHY B. O'CONNELL**
 STREET ADDRESS **23491 DAWN AVE.**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
 NAME **VD WILMAN, PAULA**
 STREET ADDRESS **26366 NADIR RD, UNIT 204**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

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 ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **SD Mary Ellen Graef**
 3.3 STREET ADDRESS **2114 Wonderwin St.**
 3.4 CITY-ST-ZIP **Port Charlotte, FL 33948**

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **TD Marian Thoms**
 4.3 STREET ADDRESS **2275 Aaron St., Apt. C101**
 4.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME **VD Dorothy B. O'Connell**
 5.3 STREET ADDRESS **23491 Dawn Ave.**
 5.4 CITY-ST-ZIP **Port Charlotte, FL 33980**

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-20-99
 Makare Thoms (941) 625-2452