

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 # **N94000004667 (1)**

1. Corporation Name

FRIENDS OF THE ST. LUCIE COUNTY LIBRARY, INC.

Principal Place of Business

**124 N. INDIAN RIVER DR.
FT. PIERCE FL 34950**

Mailing Address

**124 N. INDIAN RIVER DR.
FT. PIERCE FL 34950**



3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
04/26/1995

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

4. FEI Number

59-0904359

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

10. Name and Address of New Registered Agent

**SIMMONS, EVETT L
10020 S. FEDERAL HWY.
PORT ST. LUCIE FL 34952**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HOWARD, LUCILLE M**
STREET ADDRESS **497 S.W. HOMELAND RD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **VD** ☒ DELETE
NAME **GOODENOW, MARY**
STREET ADDRESS **1120 PASCO AVENUE**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **SD** ☐ DELETE
NAME **HARRIS, MARTHA J**
STREET ADDRESS **6710 SAMBA ST**
CITY-ST-ZIP **FT PIERCE FL 34945**

TITLE **TD** ☒ DELETE
NAME **BEELE, MARIE**
STREET ADDRESS **129 N.E. TUNISON AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE
NAME **PORTER, DONALD**
STREET ADDRESS **409 TRANQUILA AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE
NAME **JORDAN, JAMES**
STREET ADDRESS **1212 A N.W. SUN TERTALE CIRCEL**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **HAYES, DELORES Y.**
13 STREET ADDRESS **P.O. BOX 1645 - 4007 AVE. J**
14 CITY-ST-ZIP **FORT PIERCE, FL 34954**

21 TITLE **VD** ☒ Change ☐ Addition
22 NAME **HOWARD, LUCILLE M.**
23 STREET ADDRESS **497 HOMELAND RD.**
24 CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE **TD** ☒ Change ☐ Addition
42 NAME **GOODENOW, MARY N.**
43 STREET ADDRESS **1120 PASEO AVENUE**
44 CITY-ST-ZIP **FORT PIERCE, FL 34982**

51 TITLE **800001872778**
52 NAME **-06/24/96--01025--045**
53 STREET ADDRESS *****61.25**
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS **1212 A N.W. SUN TERRACE CIRCLE**
64 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:

Delores Y. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delores Y. Hayes, President

3/14/96

Date

407-461-4580

Daytime Phone

CS 6/22/96

CR2E037 (12/95)