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Mar 03 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 # N94000004667 (1)

1. Corporation Name

FRIENDS OF THE ST. LUCIE COUNTY LIBRARY, INC.

Principal Place of Business

Mailing Address

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

124 N. INDIAN RIVER DR.
FT. PIERCE FL 34950-4422



3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
06/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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
Simmons, Evett L.

82 Street Address (P.O. Box Number is Not Acceptable)
145 NW Central Park Plaza

83

84 City
Port St. Lucie

FL 85 Zip Code
34986

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HAYES, DELORES Y
STREET ADDRESS P.O. BOX 1845 - 4007 AVE. J
CITY-ST-ZIP FORT PIERCE FL 34954

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME HOWARD, LUCILLE M
STREET ADDRESS 497 HOMELAND RD
CITY-ST-ZIP PORT ST LUCIE FL 34953

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GOODEOW, MARY N
STREET ADDRESS 1120 PASCO AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
4.3 STREET ADDRESS Goodenow, Mary N.
4.4 CITY-ST-ZIP 1120 Paseo Avenue
Fort Pierce, FL 34982

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Williams, Jovita
5.4 CITY-ST-ZIP 7901 Saddlebrook Dr.
Port St. Lucie, FL 34986

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

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 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: *Deborah Y. Hayes* DEBORAH Y. HAYES, PD, 2/13/97 561-461-4580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-461-4580

CR2E037 (9/96)