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FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004667 (1)**

1. Corporation Name

**FRIENDS OF THE ST. LUCIE COUNTY LIBRARY, INC.**



Principal Place of Business <b>124 N. INDIAN RIVER DR. FT. PIERCE FL 34950</b>	Mailing Address <b>124 N. INDIAN RIVER DR. FT. PIERCE FL 34950</b>
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3. Date Incorporated or Qualified

**09/19/1994**

4. FEI Number

**59-0904359**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, EVETT L.  
145 N.W. CENTRAL PARK PLAZA  
PORT ST. LUCIE FL 34988**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD  
GOODEOW, MARY N**  
STREET ADDRESS **1120 PASCO AVENUE**  
CITY-ST-ZIP **FORT PIERCE FL**

4.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME **D  
WILLIAMS, JOVITA**  
STREET ADDRESS **7901 SADDLEBROOK DRIVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **D  
JORDAN, JAMES**  
STREET ADDRESS **1212 A.N.W. SUN TERRACE CIRCLE**  
CITY-ST-ZIP **PORT ST LUCIE FL 34988**

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-98

561-461-4580

CR2E037 (10/97)