

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000095 (8)

1. Corporation Name

FRIENDS OF THE WILDWOOD LIBRARY, INC.



Principal Place of Business

Mailing Address

**702 WEBSTER ST
WILDWOOD FL 34785**

**702 WEBSTER ST
WILDWOOD FL 34785**

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

59-3262527

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

24

Country

SUMTER

29

Country

SUMTER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEROY, EVELYN
38 MAGNOLIA LN
WILDWOOD FL 34785**

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 **DP**
HEROY, EVELYN
STREET ADDRESS **38 MAGNOLIA LN**
CITY-ST-ZIP **WILDWOOD FL 34785**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PRES.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DV**
CHANCE, OWIN
STREET ADDRESS **4692 CR 44A**
CITY-ST-ZIP **WILDWOOD FL 34785**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **V.P.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DS**
CALKIN, GLORIA
STREET ADDRESS **310 S TIMBER TRAIL**
CITY-ST-ZIP **WILDWOOD FL 34785**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **S**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DT**
HORTH, JOHN
STREET ADDRESS **2 RABBIT TRAIL**
CITY-ST-ZIP **WILDWOOD FL 34785**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **T**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
COX, MAXINE
STREET ADDRESS **4914 CR 117A**
CITY-ST-ZIP **WILDWOOD FL 34785**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **O**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
ALLEN, RONALD
STREET ADDRESS **5000 ST CLAIR ST**
CITY-ST-ZIP **WILDWOOD FL 34785**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **D**
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:

John A. North
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREAS.

JOHN A. NORTH

1-17-96

1-904-748-4214

Date

Daytime Phone

CR2E037 (12/95)