

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthoft Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95 00000095**  
1. Corporation Name  
**FRIENDS OF THE  
WILDWOOD LIBRARY INC**

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

Principal Place of Business Mailing Address **SAME**  
**702 WEBSTER ST.**  
**WILDWOOD FL**  
**34785**

2. Principal Place of Business	2a. Mailing Address
21 <b>702 WEBSTER ST.</b>	26 <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>WILDWOOD FL</b>	28
Zip	Country
24 <b>34785</b>	25 <b>SUMTER</b>
29	30

3. Date Incorporated or Qualified <b>01/09/95</b>	3a. Date of Last Report
4. FEI Number <b>59-3262527</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**EVELYN HERCY**  
**38 MAGNOLIA LANE**  
**WILDWOOD FL**  
**34785**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRES. EVELYN HERCY</b>
STREET ADDRESS	<b>38 MAGNOLIA LANE</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VICE. OWIN CHANCE</b>
STREET ADDRESS	<b>4692 CR 44A</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SEC. GLORIA CALKIN</b>
STREET ADDRESS	<b>310 S. TIMBER TRAIL</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TREAS. JOHN HORTH</b>
STREET ADDRESS	<b>2 RABBIT TRAIL</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DIRECTOR MAXINE COX</b>
STREET ADDRESS	<b>4914 CR 117A</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DIRECTOR RONALD ALLEN</b>
STREET ADDRESS	<b>5000 ST. CLAIR ST.</b>
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. Horth (Treas)** **4-1-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Dep. Sec. 6125**

CR2E037 (12/95)

5/1/96