

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000095 (8)

1. Corporation Name

FRIENDS OF THE WILDWOOD LIBRARY, INC.

Principal Place of Business

702 WEBSTER ST
WILDWOOD FL 34785

Mailing Address

702 WEBSTER ST
WILDWOOD FL 34785-38293. Date Incorporated or Qualified
01/09/19953a. Date of Last Report
01/25/1996

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
59-3262527Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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 DP
NAME HEROY, EVELYN
STREET ADDRESS 38 MAGNOLIA LN
CITY-ST-ZIP WILDWOOD FL 347851.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DV
NAME CHANCE, OWIN
STREET ADDRESS 4692 CR 44A
CITY-ST-ZIP WILDWOOD FL 347852.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS
NAME CALKIN, GLORIA
STREET ADDRESS 310 S TIMBER TRAIL
CITY-ST-ZIP WILDWOOD FL 347853.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT
NAME HORTH, JOHN
STREET ADDRESS 2 RABBIT TRAIL
CITY-ST-ZIP WILDWOOD FL 347854.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME COX, MAXINE
STREET ADDRESS 4914 CR 117A
CITY-ST-ZIP WILDWOOD FL 347855.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME ALLEN, RONALD
STREET ADDRESS 5000 ST CLAIR ST
CITY-ST-ZIP WILDWOOD FL 347856.1 TITLE
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:

JOHN A. HORTH
JOHN A. HORTH 352-748-4212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 352-748-4212

CR2E037 (9/96)