

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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

4. FEI Number

59-3262527

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$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

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HEROY, EVELYN	
STREET ADDRESS	38 MAGNOLIA LN	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHANCE, OWIN	
STREET ADDRESS	4892 CR 44A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CALKIN, GLORIA	
STREET ADDRESS	310 S TIMBER TRAIL	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HORTH, JOHN	
STREET ADDRESS	2 RABBIT TRAIL	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, MAXINE	
STREET ADDRESS	4914 CR 117A	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, RONALD	
STREET ADDRESS	5000 ST CLAIR ST	
CITY-ST-ZIP	WILDWOOD FL 34785	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Lou Flaherty	
1.3 STREET ADDRESS	1212 San Juan Drive	
1.4 CITY-ST-ZIP	Lady Lake, FL 32159	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Berneda P. Smith	
2.3 STREET ADDRESS	823 Huron Street	
2.4 CITY-ST-ZIP	Wildwood, FL 34785	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ruth Zimmer	
3.3 STREET ADDRESS	58 Seminole Path	
3.4 CITY-ST-ZIP	Wildwood, FL 34785	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathryn L. Moody	
4.3 STREET ADDRESS	112 N. Timber Trail	
4.4 CITY-ST-ZIP	Wildwood, FL 34785	
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 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:

*Kathryn L. Moody*

3/16/98 352-748-6378

CR2E037 (10/97)