

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90192 034 ****61.25

DOCUMENT # **N95000000095**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

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27

City & State

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Zip

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Country

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3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

59-3262527

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, MARY LOU		1.2 NAME
STREET ADDRESS	1212 SAN JUAN DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BERNEDA P		2.2 NAME
STREET ADDRESS	823 HURON STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	WILDWOOD FL 34785		2.4 CITY-ST-ZIP
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMER, RUTH		3.2 NAME
STREET ADDRESS	58 SEMINOLE PATH		3.3 STREET ADDRESS
CITY-ST-ZIP	WILDWOOD FL 34785		3.4. CITY-ST-ZIP
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, KATHRYN L		4.2 NAME
STREET ADDRESS	112 N TIMBER TRAIN L		4.3 STREET ADDRESS
CITY-ST-ZIP	WILDWOOD FL 34785		4.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, MAXINE	(Remain)	5.2 NAME
STREET ADDRESS	4914 CR 117A		5.3 STREET ADDRESS
CITY-ST-ZIP	WILDWOOD FL 34785		5.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RONALD	(Remain)	6.2 NAME
STREET ADDRESS	5000 ST CLAIR ST		6.3 STREET ADDRESS
CITY-ST-ZIP	WILDWOOD FL 34785		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, with all other like empowered.

SIGNATURE: *Mary Lou Flaherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0074023

CR2E037-(11/98)