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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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HEROY, EVELYN  
38 MAGNOLIA LANE  
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME  
FLAHERTY, MARY LOU  
STREET ADDRESS  
1212 SAN JUAN DRIVE  
CITY-ST-ZIP  
LADY LAKE FL 32159

TITLE ☒ DELETE

NAME  
SMITH, BERNEDA P  
STREET ADDRESS  
823 HURON STREET  
CITY-ST-ZIP  
WILDWOOD FL 34785

TITLE ☒ DELETE

NAME  
ZIMMER, RUTH  
STREET ADDRESS  
58 SEMINOLE PATH  
CITY-ST-ZIP  
WILDWOOD FL 34785

TITLE ☐ DELETE

NAME  
MOODY, KATHRY L  
STREET ADDRESS  
112 N TIMBER TRAIN L  
CITY-ST-ZIP  
WILDWOOD FL 34785

TITLE ☒ DELETE

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

TITLE ☒ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Mary Lou Flaherty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 3/12/99  
Daytime Phone #: 352 750 5920

CR2E037\_ (11/98)