CORPOI ANNUAL 19	REPORT 96	s	DEPARTMEN Sandra B. Mor Secretary of S DN OF CORP	rtham State		
OCUME Corporation Nation GULFPO	EN I # N9500 RT PUBLIC LIBRARY FO) HERDYICH RUB HOLEF BUUR BEWU SE	
ncipal Place of	Business	Mailing Address				H BB GB BB B H B B B B H B
5501 28TH AVNUE SOUTH GULFPORT LIBRARY GULFPORT FL 33707		5501 28TH AVN GULFPORT LIBF GULFPORT FL	RARY		3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1995	
Principal Place	e of Business	2a. Mailing Addr	ress		4. FEI Number 59 – 333902	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, e	etc.	Suite, Apt. #	, etc.		Certificate of Status Desired Election Campaign Financing	Fee Required \$5.00 May Be
City & State	Country	City & State 28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees or intangible tax under s. 199.032,
Zip L	25 9. Name and Address of Curr	29	30		Florida Statutes 10. Name and Address of New F	
GULFPO GULFPO	ORT FL 33707			84 City		FL 85 Zip Code
GULFPO 1. Pursuant to office or reg agent. I am	ORT FL 33707 the provisions of Sections 617.0 jistered agent, or both, in the State familiar with, and accept the ob-	oligations of, Section 617	7.0503, Floric	the above-named o	orporation submits this statement for the oration's board of directors. I hereby according the required when reinstating)	e purpose of changing its registered cept the appointment as registered
GULFPO 1. Pursuant to office or reg agent. I am	of the provisions of Sections 617.0 gistered agent, or both, in the State familiar with, and accept the ob-	oligations of, Section 617 diagent and title if applicable AND DIRECTORS	7.0503, Floric	the above-named of norized by the corporate Statutes. Registered Agent signature	required when reinstaking) ADDITIONS/CHANGES TO OF	e purpose of changing its registered cept the appointment as registered
GULFPO 1. Pursuant to office or regagent. I am SIGNATURE	ont FL 33707 In the provisions of Sections 617.C gistered agent, or both, in the State of Amiliar with, and accept the observation of the state of	d agent and tille if applicable AND DIRECTORS	7.0503, Floric	the above-named on norized by the corporate Statutes. Figistered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS		e purpose of changing its registered cept the appointment as registered DATE FFICERS AND DIRECTORS IN 12 Addition
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GULFPO 1. Pursuant to office or reg agent. I am SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	or FL 33707 In the provisions of Sections 617.C pistered agent, or both, in the State of Amiliar with, and accept the observation of Sections 617.C pistered agent, or both, in the State of FL Sections of FL Sections of FL Sections of	Jagent and tille if applicable AND DIRECTORS	7.0503, Florid (NOTE I	the above-named of norized by the corporate Statutes. Registered Agent signature 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP	ADDITIONS/CHANGES TO OF TY C PURDY, FRANCES 5501 28TH AVE., SO. GULFPORT, FL 33707	Be purpose of changing its registered cept the appointment as registered DATE FFICERS AND DIRECTORS IN 12 Addition Change Addition Addition
GULFPO 1. Pursuant to office or reg agent. I am SIGNATURE 12. ITILE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	or FL 33707 In the provisions of Sections 617.C pistered agent, or both, in the State of Amiliar with, and accept the observation of Sections 617.C pistered agent, or both, in the State of FL 3200 pistered of Section of Sections of S	Jagent and tille if applicable AND DIRECTORS	7.0503, Florid (NOTE I	the above-named of norized by the corporate Statutes. Figistered Agent signature 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OI Tr C PURDY, FRANCES 5501 28TH AVE., SO. GULFPORT, FL 33707 Tr S STAUFF, JANE	Burpose of changing its registered cept the appointment as registered DATE FFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition
GULFPO 1. Pursuant to office or reg agent. I am SIGNATURE 12. IIIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	or FL 33707 In the provisions of Sections 617.C pistered agent, or both, in the State of Amiliar with, and accept the observation of Sections 617.C pistered agent, or both, in the State of FL 3000 pignature, typed or printed name of registered OFFICERS D PURDY, FRANCES 3010 59TH ST. SOUTH GULFPORT FL 33707 D STAUFF, JANE 5001 18TH AVNUE SOUGULFPORT FL 33707 D KIDDER, NATHANIEL B	Jagent and tille if applicable AND DIRECTORS #203 JTH SOUTH	OELETE	the above-named of norized by the corporate Statutes. Figistered Agent signature 13. 11 Title 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 Title 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 3.1 TITLE 32 NAME	Tr C PURDY, FRANCES 5501 28TH AVE., SO. GULFPORT, FL 33707 Tr S STAUFF, JANE AS Above Tr KIDDER, NATHANIEL B AS Above TR V KEVIN, DORIS	E purpose of changing its registered cept the appointment as registered DATE FFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition
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FLORIDA DEPARTMENT OF STATE NONPROFIT CORPORATION ANNUAL REPORT 1996

DOCUMENT # N95000002241
GULFPORT PUBLIC LIBRARY FOUNDATION, INC.

Supplemental Data: Item 13

LIST OF ADDITIONAL TRUSTEES

BRYAN, VIRGINIA
BONFIELD, MICHAEL,
FELLMAN, PEARL
KIMBALL, ROBERTA L.
LAMAR, PAULINE
REIN, MICHAEL L.
SMITH, KITTY
SOMMA, CAROLINE F.
TRUSSELL, LILLIAN F.

MAILING ADDRESS FOR ALL OF THE ABOVE: 5501 28TH AVE., SO. GULFPORT, FL 33707