FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N95000002819 (9)

FLORIDA PHILATELIC FOUNDATION LIBRARY, INC.

Principal Place of Business 2684 CLUB HOUSE DRIVE UNIT 103 SARASOTA FL 34232		Mailing Address					
		P O BOX 32015 MIDTOWN STATION SARASOTA FL 34239-0015					
SAMASOIN FL	3120E	US			3. Date Incorporated or Qualified 06/12/1995	3a. Date of Last Report 05/01/1996	
2. Principal Pla 21	ace of Business	28. Mailing Address 26			4. FEI Number 65-0588562	Applied For Not Applicab	ole
Suite, Apt. 1	≠, e Ic.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip [29]	Country 30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
OAMBIO.	AND ANTHONY W		81	Name			
CAMPISANO, ANTHONY W 1800 SECOND STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 753 SARASOTA FL 34236			83				
			84	City	rporation submits this statement for the pu	FL 85 Zip Code	
 SIGNATURE	of familiar with, and accept the oblig				ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FIS AND DIRECTORS IN 12	_
<u></u>		DELETE				Change Addition	
THLE	D	C DETELE	1.1 TITLE		RECIDENT	Charge Stouill	ווט
NAME [HARWOOD, JOHN C		1.2 NAME	1.3	.v. wanan		
STREET ADDRESS	2684 CLUB HOUSE DRIVE	#103	1.3 STREET	ADDRESS 1	DO CONE # PlACE		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-S	T-ZIP	ARAFOTA, FIA 3421	42	
TITLE	D	DELETE	2.1 TITLE	5	WARD Member	Change Addition	on
NAME	MARTIN, KENNETH		2.2 NAME] 7	Sand I lewson	• • •	ĺ
STHEET ADDRESS	1348 COTTONWOOD TRAIL		2.3 STREET	ADDRESS 7	Dick DANIELSON	\	
i		•		AUDITESS S	116 COUNTRY LAKES C	i Koje	
CrTY - ST - ZIP	SARASOTA FL 34232	Cloude	2. 4 CiTY-5	ST-ZIP	PAIG COUNTRY LAKES C	243	
TITLE	D	☐ DELETE	3.1 TITLE	}		Change Addition	OD)
NAME [MCHENRY, GORDON		3.2 NAME	į			
STREET ACORESS	P.O. BOX 1117 N/A		33 STAEET	ADDRESS	į.		
CITY-ST-7iF	OSPREY FL 34229		3.4. CITY - 9	ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		1999 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition	on
NAME			4. 2 NAME		*	-	
l				*DDDEEC			
STREET ADDRESS			4.3 STREET	1			
CITY - ST - ZIP		1 50,000	4.4 CITY - S	I-ZIP			
TITLE		☐ DELETE	5.1 TITLE	-		Change Addition	OR
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	61 TITLE		(i)	Change Addition	on
ì			62 NAME	1	1 P - 2		-
NAME			6.3 STREET				
STREET ATIMBLES			■ 635 REFET	ADDRESS I			

6.4 CITY-S1-ZIP

14. I do nereby 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 africal port 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 on 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 crawing, or or an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

81064/3/51/41

Daytime Phone # 0063468

FILED

Mar 27 1997 8:00am

Secretary of State