

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003242 (3)

1. Corporation Name

FRIENDS OF THE MID-COUNTY LIBRARY, INC.



Principal Place of Business

P.O. BOX 1276  
PORT SALERNO FL

Mailing Address

P.O. BOX 1276  
PORT SALERNO FL

3. Date Incorporated or Qualified  
07/03/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0598408

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUETENS, ERIC D  
381 TIMBER TRAIL  
STUART FL 34997

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 DP ☐ DELETE  
NAME BUETENS, ERIC D  
STREET ADDRESS 381 TIMBER TRAIL  
CITY-STATE-ZIP STUART FL 34997

TITLE DV ☐ DELETE  
NAME BASS, CONNIE  
STREET ADDRESS 4185 SE ST. LUCIE  
CITY-STATE-ZIP STUART FL 34997

TITLE DS ☐ DELETE  
NAME ROGERS, ANNE  
STREET ADDRESS 4300 SE ST. LUCIE BLVD., STE. 147  
CITY-STATE-ZIP STUART FL 34997

TITLE DT ☒ DELETE  
NAME MELLOY, MELVIN T  
STREET ADDRESS 5081 SE DEVENWOOD WAY  
CITY-STATE-ZIP STUART FL 34997

TITLE D ☐ DELETE  
NAME ASSELIN, ELLEN B  
STREET ADDRESS 5181 SE KINGFISH AVE.  
CITY-STATE-ZIP STUART FL 34997

TITLE D ☒ DELETE  
NAME BOHANNON, PATRICIA  
STREET ADDRESS 6421 SE WINGED FOOT DR.  
CITY-STATE-ZIP STUART FL 34997

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D T  
4.3 STREET ADDRESS SHARON SHERMAN  
4.4 CITY-STATE-ZIP 5520 S.E. PARAMOUNT DR.  
STUART, FL 34997

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS JESSICA HOWE  
6.4 CITY-STATE-ZIP 5645 S.E. PARAMOUNT DR.  
STUART, FL 34997

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

1/11/96

407-546-6633

Date

Daytime Phone #

CR2E037 (12/95)