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May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

P.O. BOX 1276
PORT SALERNO FLP.O. BOX 1276
PORT SALERNO FL 34982-12763. Date Incorporated or Qualified
07/03/19953a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0598406

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BUETENS, ERIC D
STREET ADDRESS 381 TIMBER TRAIL
CITY-ST-ZIP STUART FL 349971.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DV
NAME BASS, CONNIE
STREET ADDRESS 4185 SE ST. LUCIE
CITY-ST-ZIP STUART FL 349972.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS
NAME ROGERS, ANNE
STREET ADDRESS 4300 SE ST. LUCIE BLVD., STE. 147
CITY-ST-ZIP STUART FL 349973.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT
NAME SHERMAN, SHARON
STREET ADDRESS 5520 SE PARAMOUNT DR
CITY-ST-ZIP STUART FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME ASSELIN, ELLEN B
STREET ADDRESS 5181 SE KINGFISH AVE.
CITY-ST-ZIP STAYRT FL 349975.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME HOWE, JESSICA
STREET ADDRESS 5645 S E PARAMOUNT DR
CITY-ST-ZIP STUART FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

3-22-97

561-283-5144

Date

Daytime Phone # 0071823

CR2E037 (9/96)