


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N96000001931 (2)**
1. Corporation Name

**FRIENDS OF THE LIBRARY OF SCHILLER INTERNATIONAL
UNIVERSITY, INC.**

| | |
|--|--|
| Principal Place of Business 453 EDGEWATER DRIVE DUNEDIN FL 34698 | Mailing Address 453 EDGEWATER DRIVE DUNEDIN FL 34698 |
|--|--|

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

22-2506969

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUGAN, PATRICK K
453 EDGEWATER DRIVE
DUNEDIN FL 34698**

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 | P | <input checked="" type="checkbox"/> DELETE |
| NAME | GUNN, ROBERTA | |
| STREET ADDRESS | 2351 MANGRUM DR | |
| CITY-ST-ZIP | DUNEDIN FL | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COKER, JANIS | |
| STREET ADDRESS | 234 THIRD AVENUE NORTH | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHLACHTER, MILDRED | |
| STREET ADDRESS | 2021 DUNSTON COVE RD | |
| CITY-ST-ZIP | CLEARWATER FL | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KEITHLY, ELEANOR | |
| STREET ADDRESS | 700 TANGLEWOOD DRIVE | |
| CITY-ST-ZIP | DUNEDIN FL | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | LERCH, JAMES | |
| STREET ADDRESS | 9925 UMERTON RD #451 | |
| CITY-ST-ZIP | LARGO FL | |

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HAGER, LOIS | |
| STREET ADDRESS | 617 SCOTLAND ST | |
| CITY-ST-ZIP | DUNEDIN FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Russ Boaeuf | |
| 1.3 STREET ADDRESS | 2065 N. Highland Ave., E-130 | |
| 1.4 CITY-ST-ZIP | Clearwater FL 33755 | |

| | | |
|--------------------|-------------------------------|--|
| 2.1 TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Coker, Janis | |
| 2.3 STREET ADDRESS | 234 Third Avenue N. | |
| 2.4 CITY-ST-ZIP | Safety Harbor FL 34695 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------------|---|
| 4.1 TITLE | V/D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Keithly, Eleanor | |
| 4.3 STREET ADDRESS | 700 Tanglewood Drive | |
| 4.4 CITY-ST-ZIP | Dunedin FL 34698 | |

| | | |
|--------------------|-----------------------------|--|
| 5.1 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Lerch, James | |
| 5.3 STREET ADDRESS | 9925 Umerton Rd #451 | |
| 5.4 CITY-ST-ZIP | Largo FL | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

Janis Coker *Janis Coker* April 24 '98 813/436-5082

CR2E037 (10/97)