


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90047 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001931					
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		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/04/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 22-2506969	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30			
9. Name and Address of Current Registered Agent DUGAN, PATRICK K 453 EDGEWATER DRIVE DUNEDIN FL 34698			10. Name and Address of New Registered Agent		
			81 Name Christoph Leibrecht		
			82 Street Address (P.O. Box Number is Not Acceptable) 453 Edgewater Drive		
			83		
			84 City Dunedin		
			85 Zip Code FL 34698		

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  **CHRISTOPH LEIBRECHT** **3/23/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	RUSS BOAEUF		1.1 TITLE			
NAME	2065 N HIGHLAND AVE #E-130			1.2 NAME			
STREET ADDRESS	CLEARWATER FL 33755			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	SD	COKER, JANIS		2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	234 THIRD AVENUE NORTH			2.2 NAME	Susan Heath Stringer		
STREET ADDRESS	SAFETY HARBOR FL 34695			2.3 STREET ADDRESS	4925 Cove Circle		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Madeira Beach, Florida 33708		
TITLE	VD	KEITHLY, ELEANOR		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	700 TANGLEWOOD DRIVE			3.2 NAME			
STREET ADDRESS	DUNEDIN FL 34698			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	TD	LERCH, JAMES		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9925 UMERTON RD #451			4.2 NAME			
STREET ADDRESS	LARGO FL			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

(727) 736-5082

Susan Heath Stringer

Daytime Phone #

CR2E037 (11/98)