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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000130

1. Corporation Name

FRIENDS OF THE FREEPORT LIBRARY, INC.

Principal Place of Business

129 MAIN STREET
FREEPORT FL 32439

Mailing Address

PO BOX 398
FREEPORT FL 32439



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

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

9. Name and Address of Current Registered Agent

**ELLER, EDITH
129 MAIN STREET
FREEPORT FL 32439**

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/D ☐ Change ☒ Addition
1.2 NAME Lisbeth Jackson
1.3 STREET ADDRESS 434 Red Barn Rd
1.4 CITY-ST-ZIP Freeport FL 32439

2.1 TITLE Vice President/D ☐ Change ☒ Addition
2.2 NAME Becky Buxton
2.3 STREET ADDRESS Sarah St.
2.4 CITY-ST-ZIP Freeport FL 32439

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Margaret Daiky
3.3 STREET ADDRESS 2404 Bay Grove Rd
3.4 CITY-ST-ZIP Freeport FL 32439

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Robin Hollington
4.3 STREET ADDRESS 62 Burnham Rd
4.4 CITY-ST-ZIP Freeport, FL 32439

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Mary A. Itencinski, D.M.D.
5.3 STREET ADDRESS P.O. Box 340 / 131 Hwy 20 W
5.4 CITY-ST-ZIP Freeport, FL 32439

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Lisbeth Jackson

B Jackson

3/19/99

850 835 4127

Date

Daytime Phone #

CR2F037-11/98