

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755969

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: FRIENDS OF THE OCALA PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

2720 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

2720 E SILVER SPRINGS BLVD  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-2032196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLONIA, FRANCES A  
1760 NW 114TH LOOP  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BRADT, SHIRLEY  
Address: 3704 NE 17TH STREET  
City-St-Zip: OCALA, FL 34470 US

Title: VP ( ) Delete  
Name: ANDERSON, PAT  
Address: 5010 NE 7TH PLACE  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: KRAUS, MARY  
Address: 3810 NE 19TH CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete  
Name: STADICK, MARILYN  
Address: 4414 NE 2ND STREET  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: FLEMING, MARANELL  
Address: 2215 NE 7TH STREET  
City-St-Zip: OCALA, FL 34470

Title: PP ( ) Delete  
Name: KOLONIA, FRANCES  
Address: 1760 NW 114TH LOOP  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. LEE

C. C

04/12/2009

Electronic Signature of Signing Officer or Director

Date