

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760887

FILED
Jan 10, 2009
Secretary of State

Entity Name: FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.

Current Principal Place of Business:

208 S SEACREST BLVD
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

208 S SEACREST BLVD
BOYNTON BCH, FL 33435

New Mailing Address:

FEI Number: 59-2276356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, CRAIG B
208 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435 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: COVP () Delete
Name: WATERS, JOYCE
Address: 1066 PALAMA WAY
City-St-Zip: LANTANA, FL 33462

Title: P () Delete
Name: BIRDSALL, JEAN
Address: 1003 SW 6TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: FILLION, NANCY
Address: 17 FAIRWAY DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: COVP () Delete
Name: BARNETT, JUDITH
Address: 903 SW 6TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: BARNETT, SOL
Address: 903 SW 6TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: FILLION, EDWARD P
Address: 17 FAIRWAY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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:

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: EDWARD P. FILLION

_____ Electronic Signature of Signing Officer or Director

T

01/10/2009

_____ Date