2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006548

FILED May 01, 2009 Secretary of State

Entity Name: FRIENDS OF THE NEW PORT RICHEY LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business:

5939 MAIN STREET

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5939 MAIN STREET

NEW PORT RICHEY, FL 34652

FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOOK, JOAN NELSON HOOK, JOAN NELSON 4918 FLORMAR TERRACE 4918 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 US US

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: 05/01/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GAGNON, GAY BILLINGS, JUSTIN Name: Name: 4110 HAMPTON DRIVE Address: 5939 MAIN STREET Address:

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: Title: (X) Change () Addition () Delete Name:

JONES, PATRICIA JONES, PATRICIA Name: Address: 4741 US HWY 19 Address: 5939 MAIN STREET

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: Title: (X) Change () Addition () Delete

PEARSON, CAROLE REES, JOAN Name: Name: 5803 MASSACHUSETTS AVE 5939 MAIN STREET Address: Address:

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: (X) Change () Addition

Name: PRACE, DAVID Name: LANGFORD, ROBERT H 4745 FLORAMAR TERRACE 5939 MAIN STREET Address: Address:

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: (X) Change () Addition

BROWNE, HERBERT GAGNON, GAY Name: Name: 6901 AIKEN CIRCLE 5939 MAIN STREET Address: Address:

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete Title: (X) Change () Addition

ROBINSON, GEORGE MAKI, KELLY M Name: Name: Address: 5773 COLONIAL DRIVE Address: 5939 MAIN STREET

NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34652 City-St-Zip: 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: PATRICIA JONES **TREA** 05/01/2009

Electronic Signature of Signing Officer or Director

Date