

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010796

FILED
Apr 29, 2008
Secretary of State

Entity Name: FRIENDS OF THE NORTHWEST BRANCH LIBRARY, INC.

Current Principal Place of Business:

6525 HWY 95-A NORTH
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

6525 HWY 95-A NORTH
MOLINO, FL 32577

New Mailing Address:

FEI Number: 42-1652830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIGEL, JOHN W
6525 HWY 95-A NORTH
MOLINO, FL 32577 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: P () Delete
Name: RIGEL, JOHN W
Address: 6525 HWY 95-A NORTH
City-St-Zip: MOLINO, FL 32577

Title: VP () Delete
Name: WILSON, LELA K
Address: 6390 LEVI RD.
City-St-Zip: MOLINO, FL 32577

Title: T () Delete
Name: RIGEL, PATRICIA K
Address: 6525 HWY 95-A NORTH
City-St-Zip: MOLINO, FL 32577

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:

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 K. RIGEL

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date