

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001998

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** FRIENDS OF THE BOOKMOBILE OF ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

%ST.JOHNS CO. PUBLIC LIBRARY SYSTEM  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

%ST.JOHNS CO. PUBLIC LIBRARY SYSTEM  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 36-4653133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FREDERICK, BETTY B  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086      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: PD  
Name: MCKENDRICK, CASEY  
Address: 349 ABBEY AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD  
Name: BARRETT, JAMES J  
Address: 1326 CASTLE PINES CIR.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD  
Name: TRAYLOR, ALINE  
Address: 1000 VICAR'S LANDING WAY #C-308  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD  
Name: DAVENPORT, PATRICIA  
Address: 502 GERONA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: BETTY B. FREDERICK

RA

01/05/2012

Electronic Signature of Signing Officer or Director

Date