

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16535

FILED
Feb 19, 2009
Secretary of State

Entity Name: FRIENDS OF THE NAVARRE COMMUNITY LIBRARY, INC.

Current Principal Place of Business:

8484 JAMES M HARVELL RD
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P O BOX 5268
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 07-0028700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, LINDA
6979 SANTA CLARA DRIVE
NAVARRE, FL 32566 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: STEWART, PATT
Address: 2236 KERRA LANE
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: NORMAN, LINDA
Address: 6979 SANTA CLARA DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: BUELL, CAROL
Address: 2051 RIVIERRA LANE
City-St-Zip: NAVARRE, FL 32566

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 G STEWART

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date