

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27609

FILED
May 13, 2009
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH, FLORIDA, INC.

Current Principal Place of Business:

15 NORTH M STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

15 NORTH M STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0042661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

KESHIAN, CHARLOTTE
232 WELLESLEY DR
LAKE WORTH, FL 33460 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 () Delete
Name: MARTIN, DREW
Address: 500 LAKE AVE #102
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: EVANS, JUNE
Address: 208 S LAKESIDE DR #201
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: KESHIAN, CHARLOTTE
Address: 232 WELLESLEY DR
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Delete
Name: SKIPP, MARY
Address: 314 S L ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EVANS, JUNE
Address: 208 S LAKESIDE DR #201
City-St-Zip: LAKE WORTH, FL 33460

Title: VD (X) Change () Addition
Name: MARTIN, DREW
Address: 1500 LAKE AVE #12
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCMULLAN, MARTHA
Address: 71 S. 17TH ST.
City-St-Zip: LAKE WORTH, FL 33460

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: CHARLOTTE KESHIAN

TD

05/13/2009

Electronic Signature of Signing Officer or Director

_____ Date