## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002780

Entity Name: LIBRARY LITERACY FRIENDS, INC.

FILED Mar 31, 2008 Secretary of State

cipal Place of Business:

4639 LAKE WORTH RD LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

4639 LAKE WORTH RD LAKE WORTH, FL 33463

FEI Number: 65-0418364 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GINSBERG, MAXINE LIBRARY LITERACY FRIENDS 4639 LAKE WORTH ROAD LAKE WORTH, FL 33463 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:

Flateric Constant Devices Advantage

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: GREENBERG, ELEANOR Name: WOLF, ROSE L Address: 14098 CAMPANELLI DR Address: 13312-B VIA VESTA City-St-Zip: DELRAY BEACH, FL 33484

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MAXINE, GINSBERG
 Name:

 Address:
 4784 BRIGHTDON LAKES BLVD
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33436
 City-St-Zip:

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

 Name:
 WOLF, ROSE L
 Name:
 ROSENBERG, KAY

 Address:
 13312-B VIA VESTA
 Address:
 11026 VIA LUCCA

City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: BOYNTON BEACH, FL 33437

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name:ETTINGER, SHARON CName:GOLDSTEIN, SEYMOURAddress:6365 SO. FICUS LANEAddress:7130 CATANIA DRIVECity-St-Zip:LANTANA, FL 33462City-St-Zip:BOYNTON BEACH, FL 33437

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: MAXINE GINSBERG TD 03/31/2008