

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2013
Secretary of State
CC1243239066

Entity Name: FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM, INC.

Current Principal Place of Business:

101 E. CENTRAL BLVD.
ORLANDO, FL 32801

Current Mailing Address:

101 E. CENTRAL BLVD.
ORLANDO, FL 32801

FEI Number: 59-1645400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMPAGLIONE, TRACY
ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS
101 E CENTRAL BLVD
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEHMAN, DAVE
Address 7345 W. SAND LAKE RD., SUITE 204
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name MCNUTT, IRENE
Address 201 E PINE STREET #801
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name BIRKHEAD, PAT
Address 1809 WEXHAM BLVD.
City-State-Zip: APOPKA FL 32703

Title DIRECTOR
Name HARVEY, FRED
Address 322 S. BOYD STREET
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name KOHLER, TOM
Address 618 EAST SOUTH STREET, SUITE 600
City-State-Zip: ORLANDO FL 32801

Title VP
Name TAGLIANI, HERNAN
Address 1221 N. MILLS AVE., SUITE B
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name BAILEY, SIMON T
Address BRILLIANCE INSTITUTE, INC
City-State-Zip: ORLANDO FL

Title DIRECTOR
Name BROCK, TERRY
Address 7550 HINSON ST., SUITE 15-C
City-State-Zip: ORLANDO FL 32819

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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: DAVE LEHMAN

PRESIDENT

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLDSTEIN, JOSEPH I.
Address 201 SOUTH ORANGE AVENUE, STE 1290
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name LEE, ERICA
Address 508 S. RANGER BLVD.
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name KENNEDY, CATHY M.
Address 10400 LAKE COTTAGE LANE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name HESTON, GRANT
Address 12443 RESEARCH PARKWAY, SUITE
301
City-State-Zip: ORLANDO FL 32826

Title DIRECTOR
Name MACKENZIE, DONNA L.
Address 150 N ORANGE AVE # 412
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SUN, ALMEDA
Address 2457 COACH HOUSE BLVD
City-State-Zip: ORLANDO FL 32812