2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700654

FILED Jan 26, 2008 Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF CLEARWATER, FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: C/O RITA GARVEY 100 NORTH OSCEOLA AVENUE 100 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755 CLEARWATER, FL 33755 **New Mailing Address: Current Mailing Address:** C/O RITA GARVEY 100 N. OSCEOLA AVE 100 NORTH OSCEOLA AVENUE CLEARWATER, FL 33755 CLEARWATER, FL 33755 FEI Number: 59-3198205 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: GARVEY, RITA 1550 RIDGEWOOD STREET CLEARWATER, FL 33755 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GARVEY, RITA Name: Name: 1550 RIDGEWOOD STREET Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition MURRAY, ROSALIE Name: Name: Address: 1451 STEWART BLVD. Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition LYONS, JUDITH Name: Name: 400 ISLAND WAY, #903 Address: Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: () Delete Title: () Change () Addition BUKOVICH, JEANNE Name: Name: Address: 690 ISLAND WAY, #1009 Address: City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: Title: () Delete Title: () Change () Addition BAZATA, JUDY Name: Name: 2038 DAWN DR. Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEECH, GEORGE LEAVY, TOM Name: Name: Address: 2977 AMBLEGLEN COURT Address: 4 BELLEVIEW BLVD. #801 CLEARWATER, FL 33761 BELLEAIR, FL 33756 City-St-Zip: 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: RITA GARVEY PRES 01/26/2008