2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 702320

Entity Name: FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.

Current Principal Place of Business:

650 CENTRAL AVENUE
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

650 CENTRAL AVENUE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1030780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINN, NICK
205 VIA PERIGNON
NAPLES, FL 34102 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: BUCHANAN, JR, WILLIAM
Address: 425 KINGS TOWN DRIVE
City-St-Zip: NAPLES, FL 34102

Title: BM ( ) Delete
Name: LINN, NICK
Address: 205 VIA PERIGNON AVENUE
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: DOUGHTY, IRENE
Address: 1656 B SPOONHILL LANE
City-St-Zip: NAPLES, FL 34105

Title: VP ( ) Delete
Name: GRAIG, CLYDE
Address: 744 WEDGE DR #8
City-St-Zip: NAPLES, FL 34103

Title: T (X) Delete
Name: BUCHANNEN, WILLIAM
Address: 425 KINGSTOWN DR
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LINN, NICK
Address: 205 VIA PERIGNON
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change ( ) Addition
Name: CALIGUIRI, LAWRENCE
Address: 1919 GULF SHORE BLVD. N. APT. 703
City-St-Zip: NAPLES, FL 34102

Title: T (X) Change ( ) Addition
Name: WILLIAMS, MYRA
Address: 1626 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

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: NICK LINN VP 02/25/2009

Electronic Signature of Signing Officer or Director — Date