

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703000

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENGLEWOOD, INC.

**Current Principal Place of Business:**

100 W. DEARBORN ST.  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 W DEARBORN ST  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

100 W. DEARBORN ST.  
ENGLEWOOD, FL 34223 US

**FEI Number:** 59-2336166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLACSKY, BONNIE K  
525 BOUNDARY BLVD  
ROTONDA WEST, FL 33947 US

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

KOLACSKY, BONNIE K  
1111 SOUTH MCCALL ROAD  
ENGLEWOOD, FL 34223 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:

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: SALANDER, ELLEN  
Address: 61 NORTH BROADWAY  
City-St-Zip: ENGLEWOOD, FL 342233003

Title: TD ( ) Delete  
Name: KOLACSKY, BONNIE  
Address: 525 BOUNDARY BLVD  
City-St-Zip: ROTONDA WEST, FL 33947

Title: D ( ) Delete  
Name: ZERAD, ANGIE  
Address: P.O. BOX 1025  
City-St-Zip: ENGLEWOOD, FL 342951025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: CUTSINGER, RON  
Address: 1225 MANASOTA BEACH ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD (X) Change ( ) Addition  
Name: KOLACSKY, BONNIE  
Address: 150 SATULAH CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: D (X) Change ( ) Addition  
Name: ROBERTS, HENRY  
Address: 7415 MANASOTA KEY ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D P ( ) Change (X) Addition  
Name: WILLIAMS, MARY JANE  
Address: 3540 MONTEREY LANE  
City-St-Zip: NORTH PORT, FL 34288

Title: D S ( ) Change (X) Addition  
Name: RULLAN-ALBA, MIRIAM  
Address: 428 LEMONWOOD DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Change (X) Addition  
Name: SARLES, LIZABETH  
Address: 8 DOVER DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

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: BONNIE KOLACSKY

D T

04/15/2009

Electronic Signature of Signing Officer or Director

Date