

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703494

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** FRIENDS OF EAST COUNTY REGIONAL LIBRARY INC.

**Current Principal Place of Business:**

881 GUNNERY RD  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 256  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

**FEI Number:** 59-1319461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARTELL, SANDRA  
2252 10TH PLACE  
LEHIGH ACRES, FL 33972 US

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

MATHISEN, JAMES  
3817 12TH STREET SW  
LEHIGH ACRES, FL 33976 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: JAMES MATHISEN

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATHISEN, JAMES  
Address: 881 GUNNERY ROAD  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP ( ) Delete  
Name: KRUL, CASMIR  
Address: 881 GUNNERY ROAD  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T ( ) Delete  
Name: BARTELL, DAVID  
Address: 881 GUNNERY ROAD  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S ( ) Delete  
Name: GROVE, CHARLOTTE  
Address: 881 GUNNERY ROAD  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: COT ( ) Delete  
Name: BARTELL, SANDRA  
Address: 2252 10TH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33972

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

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

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

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

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

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: JAMES MATHISEN

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date