2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 703688

Entity Name: FRIENDS OF THE LEESBURG LIBRARY, INCORPORATED

Current Principal Place of Business:

100 E MAIN ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

100 E MAIN ST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2187338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORSE, BARBARA J
100 E MAIN ST
LEESBURG, FL 34748 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: PD ( ) Delete
Name: JONES, BONNIE
Address: 36131 E SPRING LAKE BLVD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VD ( ) Delete
Name: GLOCKLER, BOB
Address: 2918 PORTO BELLO AVE
City-St-Zip: LEESBURG, FL 34748

Title: TD ( ) Delete
Name: MARSHALL, CLAUDIA
Address: 1106 MIZELL RD
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete
Name: MARSHALL, CLAUDIA
Address: 1106 MIZELL RD.
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Delete
Name: HENDERSON, SANNA
Address: 1216 OAK DR
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Delete
Name: JOHNSON, ELOISE
Address: 121 RAMBO ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GLOCKLER, BOB
Address: 2918 PORTO BELLO AVE
City-St-Zip: LEESBURG, FL 34748

Title: VD (X) Change ( ) Addition
Name: VENETTA, DIANNE
Address: 6901 SUNNYSIDE DR
City-St-Zip: LEESBURG, FL 34748

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

Title: SD (X) Change ( ) Addition
Name: HEIM, JO ANN
Address: 207 PERKINS ST
City-St-Zip: LEESBURG, FL 34748

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: CLAUDIA MASHALL TD 04/10/2009
Electronic Signature of Signing Officer or Director — Date