

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704086

FILED
Jun 12, 2009
Secretary of State

Entity Name: THE FRIENDS OF THE MICANOPY LIBRARY, INC.

Current Principal Place of Business:

CHOLOKKA BLVD.
MICANOPY, FL 32667

New Principal Place of Business:

CHOLOKKA BLVD.
MICANOPY, FL 32667 US

Current Mailing Address:

P.O. BOX 476
MICANOPY, FL 32667

New Mailing Address:

P.O. BOX 476
MICANOPY, FL 32667 US

FEI Number: 23-7335364 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACAULAY, NANCY
14312 SE 11TH DR
MICANOPY, FL 32667 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: CHRISTOPHERSON, MARY
Address: 3221 NW 14TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: V () Delete
Name: HORN, CHARLES
Address: 115 SE WACAHOOA RD
City-St-Zip: MICANOPY, FL 32667

Title: T (X) Delete
Name: SAMANTA, ANN-MARIE
Address: 10210 NW 200 ST RD
City-St-Zip: MICANOPY, FL 32667

Title: S (X) Delete
Name: ALLERTON, BETH
Address: 2037 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTOPHERSON, MARY
Address: 3221 NW 14TH STREET
City-St-Zip: GAINESVILLE, FL 32605 US

Title: S (X) Change () Addition
Name: ALLERTON, BETH
Address: 2037 NE 9TH STREET
City-St-Zip: GAINESVILLE, FL 32609 US

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: NANCY MACAULAY

R

06/12/2009

Electronic Signature of Signing Officer or Director

Date