

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704402

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** DUNEDIN FRIENDS OF THE LIBRARY, INC.

**Current Principal Place of Business:**

DUNEDIN PUBLIC LIBRARY  
223 DOUGLAS AVENUE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

DUNEDIN PUBLIC LIBRARY  
223 DOUGLAS AVENUE  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-2366568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERDMAN, VIRGINIA  
233 DOUGLAS AVENUE  
DUNEDIN, FL 34698 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: TD ( ) Delete  
Name: HERDMAN, VIRGINIA  
Address: 233 DOUGLAS AVENUE  
City-St-Zip: DUNEDIN, FL 34698

Title: P ( ) Delete  
Name: EGGERS, BECKY  
Address: 233 DOUGLAS AVE  
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete  
Name: SIDEBOTTOM, PAT  
Address: 233 DOUGLAS AVE  
City-St-Zip: DUNEDIN, FL 34698

Title: S ( ) Delete  
Name: ROSS, PATRICIA  
Address: 233 DOUGLAS AVE  
City-St-Zip: DUNEDIN, FL 34698

**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:

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: VIRGINIA HERDMAN

TD

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date