


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -7 AM 10:31

DOCUMENT # 707501					
1. Entity Name FRIENDS OF ENGLEWOOD CHARLOTTE PUBLIC LIBRARY, INC.					
Principal Place of Business 3450 S MCCALL RD ENGLEWOOD, FL 34224 US			Mailing Address 3450 S MCCALL RD ENGLEWOOD, FL 34224 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7360657	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARENA, MYRA E 299 ROTONDA CIR ROTONDA WEST, FL 33947				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Myra E Arena</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10/2/2008</u>					
FILE NOW! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B-President JOHNSTONE, MARGARET 528 BOUNDARY BLVD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Magsby 9362 Melody Port Charlotte FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOWARD, PATTY 7038 ROSEMONT DR ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400136688724 10/07/08--01009--002 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer ARENA, VICTOR 299 ROTONDA CIRCLE ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO BAY, JEAN 231 BUNKER RD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PRENTISS, GERRI 193 FAIRWAY ROAD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ARENA, MYRA E 299 ROTONDA CIR ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 10/7/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Myra E Arena</u> <u>Myra E Arena</u> 10/2/2008 698 0214 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					