2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 707501

Entity Name: FRIENDS OF ENGLEWOOD CHARLOTTE PUBLIC LIBRARY, INC.

Current Principal Place of Business:

3450 S MCCALL RD
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

3450 S MCCALL RD
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 23-7360657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARENA, MYRA E
299 ROTONDA CIR
ROTONDA WEST, FL 33947 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:	DP	( ) Delete
Name:	JOHNSTONE, MARGARET	
Address:	528 BOUNDARY BLVD	
City-St-Zip:	ROTONDA WEST, FL 33947	
Title:	D	( ) Delete
Name:	CLOWARD, PATTY	
Address:	7038 ROSEMONT DR	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	D	( ) Delete
Name:	ARENA, VICTOR	
Address:	299 ROTONDA CIRCLE	
City-St-Zip:	ROTONDA WEST, FL 33947	
Title:	SO	( ) Delete
Name:	BAY, JEAN	
Address:	231 BUNKER RD	
City-St-Zip:	ROTONDA WEST, FL 33947	
Title:	D	( ) Delete
Name:	MAGSBY, MARY	
Address:	9362 MELODY	
City-St-Zip:	PORT CHARLOTTE, FL 33981	
Title:	VD	( ) Delete
Name:	ARENA, MYRA E	
Address:	299 ROTONDA CIR	
City-St-Zip:	ROTONDA WEST, FL 33947	

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:	
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: MYRA ARENA VP 03/17/2009

Electronic Signature of Signing Officer or Director — Date