2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 722566

Entity Name: FRIENDS OF THE WILTON MANORS LIBRARY, INC.

Current Principal Place of Business:

500 N.E. 26TH STREET
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

500 N.E. 26TH STREET
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 59-2679922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRENCH, KATHLEEN E
1809 CORAL GARDENS DR
WILTON MANORS, FL 33306 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: SHARROW, VICKY
Address: 2801 NE 10TH TERRACE
City-St-Zip: WILTON MANORS, FL 33334

Title: SD ( ) Delete
Name: LANCASTER, ARLENE
Address: 2209 NW 2 AVE
City-St-Zip: WILTON MANORS, FL 33311

Title: VPD ( ) Delete
Name: KUTA, PAUL
Address: 500 NE 28TH STREET
City-St-Zip: WILTON MANORS, FL 33334

Title: VPD ( ) Delete
Name: BELLISSIMO, ANN
Address: 700 NW 23RD STREET
City-St-Zip: WILTON MANORS, FL 33311

Title: TD ( ) Delete
Name: FRENCH, KATHLEEN
Address: 1809 CORAL GARDENS DRIVE
City-St-Zip: WILTON MANORS, FL 33306

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: ATD ( ) Change (X) Addition
Name: QUADE, BENNETT
Address: 2016 NE 6TH TERRACE
City-St-Zip: WILTON MANORS, FL 33305 US

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: KATHLEEN E. FRENCH TD 02/23/2009

Electronic Signature of Signing Officer or Director — Date