

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723417

FILED
Apr 05, 2009
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF AVON PARK, INC.

Current Principal Place of Business:

100 N. MUSEUM AVENUE
AVON PARK, FL 338253945 US

New Principal Place of Business:

Current Mailing Address:

100 N. MUSEUM AVENUE
AVON PARK, FL 338253945 US

New Mailing Address:

FEI Number: 59-2364402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERKMAN, LUCY
103 E MONROE ST
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

HARTSFIELD, ANN
1796 N C-HILL RD
AVON PARK, FL 33825 US

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: HARTSFIELD, ANN

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DERKMAN, LUCY
Address: 103 E. MONROE ST.
City-St-Zip: AVON PARK, FL 33825

Title: VP () Delete
Name: FISCHER, CHARLANE M
Address: 2278 N. ALEXANDER DR.
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: FISCHER, CHARLENE M
Address: 2278 N ALEXANDER DR
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: HARTSFIELD, ANN
Address: 1796 N.C. HILL ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: MIRACLE, THEDA
Address: 64 N. HIGHLANDS AVE.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WARNER, LOUISE
Address: 2532 N. ORANGE WOOD ST.
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARTSFIELD, ANN
Address: 1796 N C-HILL RD
City-St-Zip: AVON PARK, FL 33825

Title: VP (X) Change () Addition
Name: MIRACLE, THEDA
Address: 64 A MIRACLE AVE
City-St-Zip: AVON PARK, FL 33825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DERKMAN, LUCY
Address: 103 E MONROE ST
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change () Addition
Name: BEARD, BILLIE
Address: 1006 N PENIEL AVE
City-St-Zip: AVON PARK, FL 33825

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: FISCHER, CHARLENE M

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date