

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727182

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE LIBRARY OF GLADES COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

201 RIVERSIDE DR SW  
MOORE HAVEN, FL 33471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 505  
MOORE HAVEN, FL 33471

**New Mailing Address:**

**FEI Number:** 59-2333813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YARBROUGH, THOMAS GIBSON  
1073 OLD LAKEPORT RD  
MOORE HAVEN, FL 33471 US

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

GETCHELL, JANET  
1021 JAMES C ROAD  
MOORE HAVEN, FL 33471 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: JANET GETCHELL

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YARBROUGH, THOMAS  
Address: 1073 OLD LAKEPORT RD  
City-St-Zip: MOORE HAVEN, FL 33471

Title: TD ( ) Delete  
Name: TAYLOR, KAREN  
Address: 765 E ST RT 78 #71  
City-St-Zip: MOORE HAVEN, FL 33471

Title: SD ( ) Delete  
Name: RANDOLPH, JO  
Address: 11797 E SR 78  
City-St-Zip: MOORE HAVEN, FL 33471

Title: VD ( ) Delete  
Name: GETCHELL, JANET  
Address: 1021 JAMES C RD  
City-St-Zip: MOORE HAVEN, FL 33471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GETCHELL, JANET  
Address: 1021 JAMES C ROAD  
City-St-Zip: MOORE HAVEN, FL 33471

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

Title: SD (X) Change ( ) Addition  
Name: QUILLIAM, MAXINE  
Address: 1040 SORY LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD (X) Change ( ) Addition  
Name: PERRY, JULIE  
Address: 1415 WESTERN DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

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: JANET GETCHELL

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date