## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#727783**

FILED Mar 14, 2008 Secretary of State

Entity Name: FRIENDS OF THE BLAKE LIBRARY IN STUART, INC.

Current Principal Place of Business: New Principal Place of Business:

2351 SE MONETREY RD 2351 SE MONTEREY RD STUART, FL 34994 STUART, FL 34994

Current Mailing Address: New Mailing Address:

2351 SE MONETREY RD 2351 SE MONTEREY RD STUART, FL 34994 STUART, FL 34994

FEI Number: 59-6155142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONNIE BASS
4185 SE ST LUCIE BLVD
STUART, FL 34997 US

ODWAZNY, ERIN
2072 SE RIVERSIDE DRIVE
STUART, FL 34996 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: ERIN ODWAZNY 03/14/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PP ( ) Delete Title: PP (X) Change ( ) Addition

 Name:
 CARROZZA, PAMELA
 Name:
 BASS, CONNIE

 Address:
 7248 SE MAGELLAN LN
 Address:
 4185 SE ST. LUCIE BLVD

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 STUART, FL 34997

Title: S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 STECK, ANN
 Name:

 Address:
 32 FIELDWAY DRIVE
 Address:

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DAVIE, ARTHUR J MR.
 Name:

 Address:
 3067 SE DOUBLETON DRIVE
 Address:

 City-St-Zip:
 STUART, FL 34997
 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: ARTHUR J. DAVIE T 03/14/2008