


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 034 ****61.25

DOCUMENT # 730308			
1. Entity Name FRIENDS OF THE LIBRARY OF NORTH PORT AREA, INC.			
Principal Place of Business 13800 TAMMIAMI TRAIL NORTH PORT LIBRARY NORTH PORT, FL 34287 US		Mailing Address P.O. BOX 7821 NORTH PORT, FL 34287 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13624 Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BOX 243	
City & State		City & State North Port, FL	
Zip	Country	Zip	Country
34287	USA	34287	USA
4. FEI Number 59-1628592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRKLAND, DALE 2904 EGRET COURT NORTH PORT, FL 34287		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD KIRKLAND, DALE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2904 EGRET COURT	NAME	
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CREA, CORINNE <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5079 WHISPERING OAK DR	NAME	CREA, CORINNE
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	5079 WHISPERING OAK DR
CITY-ST-ZIP		CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	S DOERSAM, DORIS <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3656 SLAYTON AVE	NAME	DOERSAM, DORIS
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	3656 SLAYTON AVE
CITY-ST-ZIP		CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	P SAYERS, CARMEN <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5269 WHITE IBIS DR	NAME	EVERHART, BARBARA
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	5269 WHITE IBIS DR.
CITY-ST-ZIP		CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D CONWAY, MIKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5151 PINE SHADOW LANE	NAME	
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WILKINS, PATRICIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6841 OCEAN COURT	NAME	
STREET ADDRESS	NORTH PORT, FL 34287	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Dale Kirkland		DALE KIRKLAND	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		29 July 2008	
		941-426-5234	
		Daytime Phone #	

ATTACHMENT

40112467

Attachment to 2008 Not-For-Profit Corporation Annual Report for Document #730308
for Entity Name "Friends of the Library of North Port Area, Inc."

II.	Additions to Directors	Change	Addition
Title Name Street Address City-ST-ZIP	D Goodwin, Charlotte 3614 Lorton Avenue North Port, FL 34287		X
Title Name Street Address City-ST-ZIP	D Byrd, Mary 12022 Sarto Lane North Port, FL 34287		X
Title Name Street Address City-ST-ZIP	D Lang, Matilda 6990 Pompey Street North Port, FL 34287		X
Title Name Street Address City-ST-ZIP	D Sasinowski-Hoffmann, Mary Lou 4521 Flint Drive North Port, FL 34287		X
Title Name Street Address City-ST-ZIP	D Detry, Jeanne 3995 Blue Heron Circle North Port, FL 34287		X
Title Name Street Address City-ST-ZIP	D Banks, Peter 5065 Whispering Oaks Drive North Port, FL 34287		X