

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 TAMIAH 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 # Suite, Apt. #, etc.		3. Mailing Address 13624 Tamiami Trail Suite, Apt. #, etc. BOX 243	
City & State North Port, FL		4. FEI Number 59-1628592	
Zip 34287		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KIRKLAND, DALE 2904 EGRET COURT NORTH PORT, FL 34287		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
Filing Fee is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKLAND, DALE 2904 EGRET COURT NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREA, CORINNE 5079 WHISPERING OAK DR NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREA, CORINNE 5079 WHISPERING OAK DR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOERSAM, DORIS 3656 SLAYTON AVE NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOERSAM, DORIS 3656 SLAYTON AVE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAYERS, CARMEN 5269 WHITE IBIS DR NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVERHART, BARBARA 5283 WHITE IBIS DR. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, MIKE 5151 PINE SHADOW LANE NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, PATRICIA 6841 OCEAN COURT NORTH PORT, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 29 July 2008 941-426-5234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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