

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# 730308

Entity Name: FRIENDS OF THE LIBRARY OF NORTH PORT AREA, INC.

Current Principal Place of Business:

13800 TAMIAMI TRAIL
NORTH PORT LIBRARY
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

13624 TAMIAMI TRAIL
BOX 243
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-1628592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKLAND, DALE
2904 EGRET COURT
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KIRKLAND, DALE
Address: 2904 EGRET COURT
City-St-Zip: NORTH PORT, FL 34287 US

Title: PD () Delete
Name: CREA, CORINNE
Address: 5079 WHISPERING OAK DR
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: DOERSAM, DORIS
Address: 3656 SLAYTON AVE
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: EVERHART, BARBARA
Address: 5283 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: CONWAY, MIKE
Address: 5151 PINE SHADOW LANE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: WILKINS, PATRICIA
Address: 6841 OCEAN COURT
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: WILKINS, PATRICIA
Address: 6841 OCEAN COURT
City-St-Zip: NORTH PORT, FL 34287

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

Title: D (X) Change () Addition
Name: HOFFMANN, MARY LOU
Address: 4521 FLINT DRIVE
City-St-Zip: NORTH PORT, FL 34286

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: DALE KIRKLAND

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04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date