## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730308** 

FILED Apr 09, 2010 Secretary of State

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

US

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

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

Current Mailing Address: New Mailing Address:

13624 TAMIAMI TRAIL BOX 243 NORTH PORT, FL 34287 US

FEI Number: 59-1628592 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:

KIRKLAND, DALE 2904 EGRET COURT NORTH PORT, FL 34287

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: ID

 Name:
 KIRKLAND, DALE

 Address:
 2904 EGRET COURT

 City-St-Zip:
 NORTH PORT, FL 34287 US

Title: D

Name: CREA, CORINNE

Address: 5079 WHISPERING OAK DR City-St-Zip: NORTH PORT, FL 34287

Title: VD

Name: DETRY, JEANNE

Address: 3995 BLUE HERON CIRCLE City-St-Zip: NORTH PORT, FL 34287

Title: SD

 Name:
 WILKINS, PATRICIA

 Address:
 6841 OCEAN COURT

 City-St-Zip:
 NORTH PORT, FL 34287

Title:

Name: CONWAY, MIKE

Address: 5151 PINE SHADOW LANE City-St-Zip: NORTH PORT, FL 34287

Title: PD

 Name:
 BYRD, MARY

 Address:
 12022 SARTO LANE

 City-St-Zip:
 NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: DALE KIRKLAND TD 04/09/2010