2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735754

FILED Jaņ 05, 2<u>0</u>07 Secretary of State

Entity Name: FRIENDS OF THE MAITLAND PUBLIC LIBRARY, INC.

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

501 SOUTH MAITLAND AVE. MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

501 SOUTH MAITLAND AVE. MAITLAND, FL 32751

FEI Number: 23-7114381 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:

KAREN POTTER MAITLAND PUBLIC LIBRARY 501 S.MAITLAND AVE MAITLAND, FL 32751 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete TAGLAUER, ALICE, Name: 61 OAKLEIGH DRIVE Address:

City-St-Zip: MAITLAND, FL

Title: VD () Delete LEWIS, BETTE Name: Address: 1750 HURON TRAIL City-St-Zip: MAITLAND, FL 32751

Title: () Delete ARMSTRONG, MABEL B., Name: 711 SEQUOIA TR.

Address: City-St-Zip: MAITLAND, FL

Title: PD () Delete

Name: SIMON, CLAIRE, Address: 2070 GERONIMO TRAIL

City-St-Zip: MAITLAND, FL (X) Change () Addition

TAGLAUER, ALICE Name: Address: 61 OAKLEIGH DRIVE City-St-Zip: MAITLAND, FL

Title: (X) Change () Addition

Name: SHERWIN, CATRIONA Address: 1411 W. BROOKSHIRE COURT City-St-Zip: WINTER PARK, FL 32792

Title: (X) Change () Addition

MORRIS, LESTER Name: 860 HILLCREST AVENUE Address:

City-St-Zip: MAITLAND, FL

(X) Change () Addition Title: PD

Name: MILLER, GAIL

Address: 2510 DELORAINE TRAIL City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL MILLER PD 01/05/2007