

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735754

FILED  
Jan 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

501 SOUTH MAITLAND AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

501 SOUTH MAITLAND AVE.  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 23-7114381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

POTTER, KAREN  
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: KAREN POTTER

01/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TAGLAUER, ALICE  
Address: 61 OAKLEIGH DRIVE  
City-St-Zip: MAITLAND, FL

Title: VD ( ) Delete  
Name: SHERWIN, CATRIONA  
Address: 1411 W. BROOKSHIRE COURT  
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete  
Name: MORRIS, LESTER  
Address: 860 HILLCREST AVENUE  
City-St-Zip: MAITLAND, FL

Title: PD ( ) Delete  
Name: MILLER, GAIL  
Address: 2510 DELORAIN TRAIL  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: SIMON, CLAIRE  
Address: 2070 GERONIMO TRAIL  
City-St-Zip: MAITLAND, FL 32751

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

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

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

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: GAIL MILLER

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date