

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735754

FILED
Jan 19, 2009
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:

POTTER, KAREN
MAITLAND PUBLIC LIBRARY
501 S. MAITLAND AVE.
MAITLAND, FL 32751 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: SIMON, CLAIRE
Address: 2070 GERONIMO TRAIL
City-St-Zip: MAITLAND, FL 32751

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 DELORAINA TRAIL
City-St-Zip: MAITLAND, FL 32751

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: PD (X) Change () Addition
Name: MILLER, GAIL
Address: 2510 DELORAINA TRAIL
City-St-Zip: MAITLAND, FL 32751

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

01/19/2009

Electronic Signature of Signing Officer or Director

Date