

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737848

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: FRIENDS OF THE GULF GATE LIBRARY, INC.

**Current Principal Place of Business:**

7112 CURTISS AVE.  
SARASTOA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 19017  
SARASTOA, FL 34276

**New Mailing Address:**

FEI Number: 59-1719248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALEKDJIAN, K. GEORGE  
4730 OLD FARM ROAD  
SARASOTA, FL 34233 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: PD ( ) Delete  
Name: ERB, REBA (DEANIE)  
Address: 7577 RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete  
Name: BALEKDJIAN, K. GEORGE  
Address: 4730 OLD FARM RD  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: KARIOOTH, KAY  
Address: 5100 RIDGELAKE PLACE  
City-St-Zip: SARASOTA, FL 34238

Title: VD ( ) Delete  
Name: NATHAN, DOROTHY ANN  
Address: 5105 FLAGSTONE DRIVE  
City-St-Zip: SARASOTA, FL 34238

**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: ( ) 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: K GEORGE BALEKDJIAN

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date