

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739925

FILED
Aug 06, 2009
Secretary of State

Entity Name: FRIENDS OF THE NEW SMYRNA BEACH REGIONAL LIBRARY INC.

Current Principal Place of Business:

1001 S DIXIE FWY
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1001 S DIXIE FWY
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-2504339 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWES, SUZAN J
1001 S DIXIE HWY
NEW SYMRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

REYNOLDS, MELISSA A
1001 S DIXIE HWY
NEW SYMRNA BEACH, FL 32168 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: MELISSA A REYNOLDS

08/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNAMARA, BETTY
Address: 810 LOCUST ST
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: DEIERLEIN, VICKI
Address: 1016 STAGGERBUSH PL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: HORNE, DONALD SR
Address: 621 N DUSS ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SKOV, TOM
Address: 209 BROMELY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: GRAHER, ELIZABETH
Address: 3700 SOUTH ATLANTIC AVE UNIT 111
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T (X) Change () Addition
Name: HORNE, DONALD SR
Address: 621 N DUSS ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Change (X) Addition
Name: HOWIE, JOYCE
Address: P.O. BOX 43
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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: ELIZABETH GRAHER

VP

08/06/2009

Electronic Signature of Signing Officer or Director

Date