

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90020 042 ****61.25

DOCUMENT # 742028



1. Entity Name
**FRIENDS OF THE LIBRARY OF ST. JOHNS COUNTY,
INC.**

Principal Place of Business
**1960 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32085 US**

Mailing Address
**PO BOX 3122
ST AUGUSTINE, FL 32085 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1793454

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, KAREN
505 ST. CROIX STREET
ST. AUGUSTINE, FL 32095**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **FREEMAN, DULCY**
STREET ADDRESS **P.O. BOX 4508**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32085**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **BATOVSKY, SUZANNE**
STREET ADDRESS **2260 COMMODORES CLUB**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32080**

TITLE **V** ☒ Change ☐ Addition
NAME **MILLER, JON**
STREET ADDRESS **35 ANDALUSIA CT.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **S** ☐ Delete
NAME **ALLAN, TERRY**
STREET ADDRESS **505 ST. CROIX STREET**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **FERNANDEZ, KAREN**
STREET ADDRESS **505 ST. CROIX STREET**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BM** ☒ Delete
NAME **FORSTER, BILL**
STREET ADDRESS **314 PREMIERE VISTA WAY**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **BM** ☒ Change ☐ Addition
NAME **DIXON, SUZANNE**
STREET ADDRESS **5155 Windantide Rd.**
CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE **BM** ☐ Delete
NAME **HANKERSON, RUTHEL**
STREET ADDRESS **277 COSTADO STREET**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Jan 08
Date

904-808-4792
Daytime Phone #