2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 742028

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

Current Principal Place of Business:

1960 N PONCE DE LEON BLVD
ST AUGUSTINE, FL 32085 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3122
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-1793454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, KAREN
505 ST. CROIX STREET
ST. AUGUSTINE, FL 32095 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:	P	( ) Delete
Name:	FREEMAN, DULCY	
Address:	P.O. BOX 4508	
City-St-Zip:	SAINT AUGUSTINE, FL 32085	
Title:	V	( ) Delete
Name:	MILLER, JON	
Address:	35 ANDALUSIA CT.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	S	( ) Delete
Name:	ALLAN, TERRY	
Address:	505 ST. CROIX STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	T	( ) Delete
Name:	FERNANDEZ, KAREN	
Address:	505 ST. CROIX STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	
Title:	BM	(X) Delete
Name:	DIXON, SUZANNE	
Address:	5455 WINDAUTIDE RD	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	BM	(X) Delete
Name:	HANKERSON, RUTHEL	
Address:	277 COSTADO STREET	
City-St-Zip:	ST. AUGUSTINE, FL 32080	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	HANKERSON, RUTHEL	
Address:	277 COSTADO ST.	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
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: DULCY FREEMAN P 04/14/2009

Electronic Signature of Signing Officer or Director — Date