

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743124

FILED
Jan 05, 2009
Secretary of State

Entity Name: FRIENDS OF THE KEY LARGO LIBRARY, INC.

Current Principal Place of Business:

KEY LARGO LIBRARY
101485 OVERSEAS HIGHWAY
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

OVERSEAS HIGHWAY
P O BOX 836
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 59-1858323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRAMM, DOREA
121 7TH LN
KEY LARGO, FL 33037 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: D () Delete
Name: MORROW, PAULA C,
Address: 67 SHORELAND DR
City-St-Zip: KEY LARGO, FL 33037

Title: P () Delete
Name: FELDMAN, FRED,
Address: 14 GAYTON PL.
City-St-Zip: KEY LARGO, FL 33037

Title: S () Delete
Name: FELDMAN, FRIEDA
Address: 14 GAYTON PLACE
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: SCHRAMM, DOREA
Address: 121 7TH LN
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: BUCK, MARY LOU
Address: 34 NORTH DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: MIELKE, JOAN
Address: 206 BURGUNDY PL
City-St-Zip: TAVERNIER, FL 33070

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
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City-St-Zip:

Title: () Change () Addition
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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: DOREA SCHRAMM

T

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date