

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# 745310

Entity Name: FRIENDS OF THE HELEN WADLEY BRANCH LIBRARY ISLAMORADA, INC.

Current Principal Place of Business:

F MONROE COUNTY, FLORIDA, INC.
OVERSEA HIGHWAY-LIBRARY BLDG.
ISLAMORADA, FL 33036

New Principal Place of Business:

LIBRARY OF MONROE COUNTY, FLORIDA, INC.
OVERSEAS HIGHWAY-LIBRARY BLDG.
ISLAMORADA, FL 33036

Current Mailing Address:

F MONROE COUNTY, FLORIDA, INC.
P.O. BOX 1129
ISLAMORADA, FL 33036

New Mailing Address:

LIBRARY OF MONROE COUNTY, FLORIDA, INC.
P.O. BOX 1129
ISLAMORADA, FL 33036

FEI Number: 59-1943561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOLIN, ELIZABETH
81991 OLD HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

JOLIN, ELIZABETH
81991 OLD HIGHWAY
ISLAMORADA, FL 33036 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: _____

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOLIN, ELIZABETH
Address: 83201 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: HUGHES, CHRISTY
Address: 209 PALM
City-St-Zip: ISLAMORADA, FL 33036

Title: V () Delete
Name: HYMES, ROSEMARY
Address: 129 BAYVIEW ISLE DR
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Delete
Name: FAGLIARENI, MARY
Address: 32 PARK
City-St-Zip: ISLAMORADA, FL 33036

Title: S () Delete
Name: SMITH, MARGIE
Address: 209 PALM
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOLIN, ELIZABETH
Address: 81991 OLD HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 US

Title: T (X) Change () Addition
Name: TAGLIARENI, MARY
Address: 32 PARK ROAD
City-St-Zip: ISLAMORADA, FL 33036 US

Title: V (X) Change () Addition
Name: HYMES, ROSEMARY
Address: 129 BAYVIEW ISLE DR
City-St-Zip: ISLAMORADA, FL 33036 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SMITH, MARGIE
Address: 209 PALM
City-St-Zip: ISLAMORADA, FL 33036 US

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: MARY TAGLIARENI

TREA

02/19/2008

Electronic Signature of Signing Officer or Director

Date