

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745310

FILED
Apr 09, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 HIGHWAY
ISLAMORADA, FL 33036 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
Name: JOLIN, ELIZABETH
Address: 81991 OLD HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 US

Title: T
Name: TAGLIARENI, MARY
Address: 32 PARK ROAD
City-St-Zip: ISLAMORADA, FL 33036 US

Title: V
Name: BOLTON, DONNA
Address: 140 CANAL STREET
City-St-Zip: TAVERNIER, FL 33070 US

Title: RS
Name: SMITH, MARGIE
Address: 209 PALM
City-St-Zip: ISLAMORADA, FL 33036 US

Title: CS
Name: TAGLIARENI, EMILY A
Address: 32 PARK ROAD
City-St-Zip: ISLAMORADA, FL 33036 US

I hereby 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 all other like empowered.

SIGNATURE: MARY E. TAGLIARENI

TRES

04/09/2011

Electronic Signature of Signing Officer or Director

Date