

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90007 012 \*\*\*\*61.25

**DOCUMENT # 747237**

1. Entity Name

THE FRIENDS OF THE MIDDLEBURG CLAY HILL  
BRANCH LIBRARY, INC.



Principal Place of Business

2245 ASTER AVE.  
P.O. BOX 213  
MIDDLEBURG FL 32050-7213

Mailing Address

2245 ASTER AVE.  
P.O. BOX 213  
MIDDLEBURG FL 32050-7213



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2088134

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

GILDEMEISTER, JOAN  
1034 BROWNS RD  
MIDDLEBURG FL 32068

Name

SUTER, DIANE

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

4251 CARRIAGE CT.

City

MIDDLEBURG

FL

Zip Code

32068

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

*Diane Suter*

DIANE SUTER

2/6/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | SCHUDEL, JEANNE      |  |
| STREET ADDRESS | 201 LEE DR N         |  |
| CITY- ST- ZIP  | MIDDLEBURG FL        |  |
| TITLE          | VD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | STONECYPHER, LOIS    |  |
| STREET ADDRESS | 4203 HOLLY CT        |  |
| CITY- ST- ZIP  | MIDDLEBURG, FL 00000 |  |
| TITLE          | T                    | <input type="checkbox"/> Delete            |
| NAME           | PAYNE, JEAN          |  |
| STREET ADDRESS | 4260 SADDLEHORN TRL  |  |
| CITY- ST- ZIP  | MIDDLEBURG, FL 00000 |  |
| TITLE          | PD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | GILDEMEISTER, JOAN   |  |
| STREET ADDRESS | 1034 BROWNS RD       |  |
| CITY- ST- ZIP  | MIDDLEBURG FL 32068  |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY- ST- ZIP  |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY- ST- ZIP  |                      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          | VD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MILLER, HARLENE     |  |
| STREET ADDRESS | 3837 NATURE WALK CT |  |
| CITY- ST- ZIP  | MIDDLEBURG FL 32068 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SUTER, DIANE        |  |
| STREET ADDRESS | 4251 CARRIAGE CT.   |  |
| CITY- ST- ZIP  | MIDDLEBURG FL 32068 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY- ST- ZIP  |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

*Diane Suter*

DIANE SUTER

2/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR