

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747237

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** THE FRIENDS OF THE MIDDLEBURG CLAY HILL BRANCH LIBRARY, INC.

**Current Principal Place of Business:**

2245 ASTER AVE.  
P.O. BOX 213  
MIDDLEBURG, FL 320507213

**New Principal Place of Business:**

2245 ASTER AVE.  
MIDDLEBURG, FL 320507213

**Current Mailing Address:**

2245 ASTER AVE.  
P.O. BOX 213  
MIDDLEBURG, FL 320507213

**New Mailing Address:**

**FEI Number:** 59-2088134      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTER, DIANE  
4251 CARRIAGE CT  
MIDDLEBURG, FL 32068      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: SD      ( ) Delete  
Name: SCHUDEL, JEANNE  
Address: 201 LEE DR N  
City-St-Zip: MIDDLEBURG, FL

Title: VD      ( ) Delete  
Name: MILLER, HARLENE  
Address: 3837 NATURE WALK CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T      ( ) Delete  
Name: PAYNE, JEAN  
Address: 4260 SADDLEHORN TRL  
City-St-Zip: MIDDLEBURG, FL 00000,

Title: PD      (X) Delete  
Name: SUTER, DIANE  
Address: 4251 CARRIAGE CT  
City-St-Zip: MIDDLEBURG, FL 32068

**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  
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: DIANE SUTER

T

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date