

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750428

FILED
Jan 04, 2012
Secretary of State

Entity Name: PALM HARBOR FRIENDS OF THE LIBRARY, INC.

Current Principal Place of Business:

2330 NEBRASKA AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2330 NEBRASKA AVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-1975075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALOUF, WALDENSE D
700 DELAWARE AVENUE
PALM HARBOR, FL 34683 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
Name: OSTFELD, BOBBIE
Address: 1192 WOODFIELD COURT
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D
Name: FRANKLIN, ELIZABETH
Address: 856 BELTED KINGFISHER DRIVE S
City-St-Zip: PALM HARBOR, FL 34683 US

Title: PD
Name: COFFIN, KATHLEEN
Address: 3760 PREAKNESS PLACE N, #1811
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VPD
Name: SAMS, NANCY
Address: 665 VILLAGE WAY
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD
Name: GREENSTREET, DOROTHY M
Address: 6951 COUNTY ROAD 95
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D
Name: SATINOFF, MARILYN
Address: 853 VILLAGE WAY
City-St-Zip: PALM HARBOR, FL 34683 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: DOROTHY M. GREENSTREET

TREA

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date