

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754447

FILED
Jan 05, 2005
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF SEMINOLE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

SEMINOLE COUNTY PUBLIC LIBRARY
215 N. OXFORD ROAD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P O BOX 300514
FERN PAKR, FL 327300514 US

New Mailing Address:

FEI Number: 59-2056573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONNELL, MILES C
113 BRIDGEWAY CIR
LONGWOOD, FL 32779 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: D () Delete
Name: SANTIAGO, RICARDO
Address: 5219 WOODCREST CT. N.
City-St-Zip: WINTER PARK, FL

Title: SD () Delete
Name: HARRIS, DOROTHY
Address: 20 SABLE COURT
City-St-Zip: WINTER SPRINGS, FL

Title: PD () Delete
Name: HARPER, ELIZABETH
Address: 536- SUN VALLEY VILLAGE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: STIFF, DONALD
Address: 1722 RUTLEDGE RD
City-St-Zip: LONGWOOD, FL 327797073

Title: TD () Delete
Name: HARRIS, ARTHUR
Address: 20 SABLE COURT
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: MCGRATH, EILEEN
Address: 374 CROTON DR
City-St-Zip: MAITLAND, FL 32751

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:

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 for the exemption stated in Section 119.07(3)(i), 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: RICARDO N.M. SANTIAGO

TREA

01/05/2005

Electronic Signature of Signing Officer or Director

Date