

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754447

FILED
Jan 04, 2011
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:

SEMINOLE COUNTY PUBLIC LIBRARY
P.O.BOX 300514
FERN PARK, FL 32730

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: TD
Name: SANTIAGO, RICARDO
Address: 5219 WOODCREST CT. N.
City-St-Zip: WINTER PARK, FL 32792

Title: SD
Name: BENEVIDES, DONNA
Address: 810 MOOLIT LN
City-St-Zip: CASSELBERRY, FL 32707

Title: PD
Name: PAGANO, ROSS
Address: 115 E. PANAMA RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D
Name: HICKS, ROBERT
Address: 2465 CAROLTON RD.
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: STRONG, PEG
Address: 1321 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: D
Name: GALVIS, CEVIN
Address: 4110 LEAFY GLADE PL.
City-St-Zip: CASSELBERRY, FL 32707TD

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: RICARDO N.M. SANTIAGO

TD

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date