

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755881

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: FRIENDS OF THE COASTAL REGION LIBRARY, INC.

**Current Principal Place of Business:**

8619 WEST CRYSTAL STREET  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

8619 WEST CRYSTAL STREET  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

8619 WEST CRYSTAL STREET  
CRYSTAL RIVER, FL 34428

FEI Number: 59-2075125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILLEY, BARBARA J MRS.  
2205 N. KINGS COVE PT  
CRYSTAL RIVER, FL 34429 US

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

MARGARET, LUDKE M .MRS  
1507 N ENDICOTT APT  
CRYSTAL RIVER, FL 34429 US

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: MARGARET LUDKE

02/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMYTH, ELIZABETH B MRS.  
Address: 11500 W. BAYSHORE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD ( ) Delete  
Name: JULIA, ASBURY B MRS.  
Address: 2121 N. WATERSEDGE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TD ( ) Delete  
Name: GILLEY, BARBARA J MRS.  
Address: 2205 N. KINGS COVE PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD ( ) Delete  
Name: JANET, WELCH MRS.  
Address: 11634 W. BAYSHORE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEVINS, RUTH  
Address: P.O. BOX 803  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VPD (X) Change ( ) Addition  
Name: WINES, LUCY ANN .  
Address: 6161 N MISTY OAK TERRACE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: TD (X) Change ( ) Addition  
Name: LUDKE, MARGARET  
Address: 1507 N ENDICOTT PT  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD (X) Change ( ) Addition  
Name: BARKER, GAIL MRS  
Address: 6375 W CANNONDALE DR  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: MARGARET LUDKE

TD

02/15/2009

Electronic Signature of Signing Officer or Director

Date