

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756346

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE DUNNELLON PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

20804 W. PENNSYLVANIA AVE.  
DUNNELLON, FL 34430

**New Principal Place of Business:**

20351 ROBINSON RD  
DUNNELLON, FL 34431

**Current Mailing Address:**

P.O. BOX 1434  
DUNNELLON, FL 34430

**New Mailing Address:**

**FEI Number:** 59-2109977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANCOCK, DONNA M  
1151 CAMP DR  
DUNNELLON, FL 34432 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: T ( ) Delete  
Name: HANCOCK, DONNA  
Address: 11551 CAMP DR  
City-St-Zip: DUNNELLON, FL 34432

Title: P ( ) Delete  
Name: PETTIT, GLORIA  
Address: 19807 SW 85TH LOOP  
City-St-Zip: DUNNELLON, FL 34432

Title: V ( ) Delete  
Name: SALTER, JAN  
Address: 21141 SE 162ND ST. RD  
City-St-Zip: DUNNELLON, FL 34431

Title: SD ( ) Delete  
Name: JOHNSTON, JAN  
Address: 9138 SW 213TH TERR RD  
City-St-Zip: DUNNELLON, FL 34432

**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: DONNA HANCOCK

TREA

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date