

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759196

FILED
Mar 20, 2009
Secretary of State

Entity Name: FRIENDS OF WAKULLA COUNTY PUBLIC LIBRARY, INC.

Current Principal Place of Business:

4330 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1737
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-3125252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, DOUG
4330 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: COOPER, JERLINE
Address: 120 MULBERRY CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: BELFORD, SUSAN
Address: 40 YARBROUGH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: JONES, DOUG
Address: 354 WHITE OAK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BUTERA, MARY
Address: 1488 SOPCHOPPY HIGHWAY
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: MCKENZIE, MYRTLE
Address: 64 MILL CREEK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: SKIPPER, ETHEL
Address: 159 SURF RD
City-St-Zip: SOPCHOPPY, FL 32358

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
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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: DOUG JONES

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date