

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760124

FILED
Apr 01, 2009
Secretary of State

Entity Name: SUWANNEE COUNTY FRIENDS OF THE LIBRARY, INC.

Current Principal Place of Business:

C/O BETSY BERGMAN
1848 OHIO AVE., SOUTH
LIVE OAK, FL 32060

New Principal Place of Business:

C/O BETSY BERGMAN
1848 OHIO AVE., SOUTH
LIVE OAK, FL 32064

Current Mailing Address:

C/O BETSY BERGMAN
1848 OHIO AVE., SOUTH
LIVE OAK, FL 32060

New Mailing Address:

C/O BETSY BERGMAN
1848 OHIO AVE., SOUTH
LIVE OAK, FL 32064

FEI Number: 59-3001074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGDILL, PAULINE
9010 141ST LANE
FOXBORO SUBDIVISION
LIVE OAK, FL 32060 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: COGDILL, PAULINE
Address: 910 141ST LANE
City-St-Zip: LIVE OAK, FL 32060

Title: P () Delete
Name: BERGMAN, BETSY
Address: PO BOX 519
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: SLAUGHTER, TINA
Address: 631 SUWANNEE AVE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: MIZELL, RUTH
Address: 8293 ADAMS ROAD
City-St-Zip: WELLBORN, FL 32094

Title: D () Delete
Name: COOK, MARIE
Address: 9250 127TH DR.
City-St-Zip: LIVE OAK, FL 32064

Title: S () Delete
Name: BENNETT, PATTY
Address: PO BOX 335
City-St-Zip: LIVE OAK, FL 32064

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 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: PAULINE F. COGDILL

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date