2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763223

FILED Jan 07, 2009 Secretary of State

Entity Name: FRIENDS OF THE HUGH EMBRY LIBRARY BRANCH OF THE LIBRARY OF PASCO COUNTY,

FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1323 14215 FOURTH STREET DADE CITY, FL 33523 U

DADE CITY, FL 33525 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1323 P.O. BOX 1323

14215 FOURTH ST. DADE CITY, FL 33526 DADE CITY, FL 33526

FEI Number: 59-2440536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, GLEN 36637 MISSOUR AVE.

DADE CITY, FL 33523 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MOGYOROSY, JOY Name: SMITH, GREGORY P

 Name:
 Mod To Ros 1, 30 T

 Address:
 12139 VICTOR LANE
 Address:
 12628 POMPANIC STREET

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:
 SAN ANTONIO, FL 33576

Title: 1VP () Delete Title: 1VP (X) Change () Addition

Name: SMITH, GREGORY P Name: ASUKILE, IMANI D

Address: 12628 POMPANIC STREET Address: 36712 JEFFERSON AVENUE
City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: DADE CITY, FL 33523

Title: 2VP () Delete Title: 2VP (X) Change () Addition

 Name:
 CARTER, REJOYCE
 Name:
 HANSEN, MAY P

 Address:
 11301 SALLY ROAD
 Address:
 38111 COUNTRYSIDE PLACE

City-St-Zip: DADE CITY, FL 33525

Address. 38111 COOM RYSIDE PLACE
City-St-Zip: DADE CITY, FL 33525

Title: S () Delete Title: S (X) Change () Addition

 Name:
 REILY, JEANETTE
 Name:
 REILLY, JEANETTE

 Address:
 29530 WAGGLE DR
 Address:
 29530 WAGGLE DR

 City-St-Zip:
 SAN ANTONIO, FL 33576
 City-St-Zip:
 SAN ANTONIO, FL 33576

Title: T () Delete Title: () Change () Addition

 Name:
 THOMPSON, GLEN M
 Name:

 Address:
 36657 MISSOURI AVE
 Address:

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name:HANSEN, MÂY PName:CARTER, REJOYCEAddress:38111 COUNTRY SIDE PLACEAddress:11301 SALLY ROADCity-St-Zip:DADE CITY, FL 33525City-St-Zip:DADE CITY, FL 33525

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: GLEN M. THOMPSON T 01/07/2009