

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765532

FILED
Feb 05, 2009
Secretary of State

Entity Name: FRIENDS OF THE LAKE PLACID PUBLIC LIBRARY, INC.

Current Principal Place of Business:

205 W. INTERLAKE BLVD.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

205 W. INTERLAKE BLVD.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-2238549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESSWELL, MERRY
9230 VINEWOOD COURT
SEBRING, FL 33875 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: CRESSWELL, MERRY
Address: 9230 VINEWOOD COURT
City-St-Zip: SEBRING, FL 33875

Title: V () Delete
Name: MANLEY, MARK
Address: PO BOX 1830
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: WORLEY, ROBIN
Address: 519 LAKESIDE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: FALVEY, MILLICENT
Address: 154 LAKE FRANCIS DT
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: ASKEW, MARJORIE
Address: 236 LIME RD NW
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: MCKINNEY, WANDA
Address: 3329 PLACID VIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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
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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: MILLICENT FALVEY

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date