2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767239

FILED Jan 31, 2009 Secretary of State

Entity Name: FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY INC.

Current F	Principal Place of Business:	New Principal Place of Business:
%30 S. BO DRMONE	CH. ST. DBEACH, FL 32174	%30 S. BEACH. ST. ORMOND BEACH, FL 32174
Current N	Aailing Address:	New Mailing Address:
%30 S. BO DRMONE	CH. ST.) BEACH, FL 32174	%30 S. BEACH. ST. ORMOND BEACH, FL 32174
El Numbe	r: 59-2301462 FEI Number Applied	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
3 PIRATE	/, CHRISTOPHER S COVE) BEACH, FL 32176 US	
	e named entity submits this stateme e of Florida.	ent for the purpose of changing its registered office or registered agent, or bo
n the Stat	e of Florida.	ent for the purpose of changing its registered office or registered agent, or bo
n the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida.	
n the Stat SIGNATU DFFICER itte: lame: ddress:	e of Florida. RE: Electronic Signature of Reg	istered Agent Date
on the State SIGNATU DFFICER itle: lame: ddress: itty-St-Zip: lame: ddress:	Electronic Signature of Reg Electronic Signature of Reg S AND DIRECTORS: P () Delete HARTLEY, CHRISTOPHER 3 PIRATES COVE	istered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
n the Stat SIGNATU	Electronic Signature of Reg Electronic Signature of Reg ES AND DIRECTORS: P () Delete HARTLEY, CHRISTOPHER 3 PIRATES COVE ORMOND BEACH, FL 32176 VP () Delete TOPPER, CARLA 3357 JOHN ANDERSON DR	istered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: VP (X) Change () Addition Name: JACKMAN, LUCY Address: 102 ALANWOOD DR

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: AUDRIE M. BECK T 01/31/2009