

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769352

FILED
Apr 10, 2009
Secretary of State

Entity Name: FRIENDS OF THE NORTH MIAMI PUBLIC LIBRARY, INC.

Current Principal Place of Business:

NORTH MIAMI PUBLIC LIBRARY
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

NORTH MIAMI PUBLIC LIBRARY
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 59-2394216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOFF, CRAIG
18301 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

SBRISSA, SHARON
1190 NE 200 TERRACE
MIAMI, FL 33179 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: SHARON SBRISSA

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SBRISSA, SHARON
Address: 1190 NE 200TH TERRACE
City-St-Zip: N. MIAMI, FL 33179 US

Title: VD () Delete
Name: VOYCE, ROSIE
Address: 14141 NW 1ST AVE
City-St-Zip: N MIAMI, FL 33168 US

Title: DT () Delete
Name: POOLE, GAIL M
Address: 16220 NW 2ND AVE #570
City-St-Zip: N MIAMI BEACH, FL 33169 US

Title: SD () Delete
Name: SALE, NANCY
Address: 231-N.E. 174 STREET APT. 412
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D () Delete
Name: CUBILLAS, EILEEN
Address: 155NW 123RD ST
City-St-Zip: NORTH MIAMI, FL 33161 US

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:

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: SHARON SBRISSA

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date