2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007266

Apr 12, 2009 Secretary of State

Entity Name: FRIENDS OF MARION BAYSINGER MEMORIAL LIBRARY, INC.

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

756 W BROAD ST GROVELAND, FL 34736

Current Mailing Address: New Mailing Address:

756 W BROAD ST GROVELAND, FL 34736

FEI Number: 59-3709756 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:

LAW, JULIA R 250 S. MAIN AVE. GROVELAND, FL 34736 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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GROVELAND, FL 34736

(X) Change () Addition

BOD () Delete KREBILL, BELINDA LAW, CYLIAN Name: Name: 18110 MORRISON ST Address: 220 WEST SUNSET STREET Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: BOD () Delete Title: (X) Change () Addition PADGETT, MARIE Name: WUENSCHEL, MARIE Name: Address: 564 E MAGNOLIA ST Address: 1037 BLUEGRASS DRIVE City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: BOD () Delete Title: (X) Change () Addition THOMPSON, NORMA KYLE, BARBARA Name: Name: 18426 MARY'S VILLA RD Address: 5639 MARY'S VILLA RD Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: BOD () Delete Title: (X) Change () Addition ROBERTS, MARIE Name: Name: WILLIAMS, DONNA

Address: **POB 57** Address: 252 WEST SUNSET STREET City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

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

FLEETWOOD, CONNIE Name: Name: KREBILL, BELINDA 911 S. IOWA AVE 18110 MORRISON STREET Address: Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: GROVELAND, FL 34736

Title: () Delete Title: (X) Change () Addition MACLEAN, ANN PADGETT, MARIE Name: Name: Address: P.O BOX 891 Address: 564 EAST MAGNOLIA STREET

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.

City-St-Zip:

SIGNATURE: DONNA JEAN WILLIAMS Т 04/12/2009