## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2008 8:00 am Secretary of State DOCUMENT # N00000007569 1. Entity Name 02-28-2008 90014 036 \*\*\*\*70.00 THE FRIENDS OF THE NORTH COUNTY PUBLIC LIBRARY, INC. Mailing Address 2645 Principal Place of Business 2801 NEWTOWN BLVD 2315 MCCLELLAN PKWY SARASOTA FL 34234 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For City & State 65-1038788 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANIER, PATTIE 2315 MCCLELLAN PKWY SARASOTA FL 34239 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and the diapplicable. (NOTE: Benislored Agent dignature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Treasurer TITLE Delete TITLE ☐ Change Addition CAMPBELL, CELESTINE Jo-Ann M. Hughes HAME NAME 2645 22no J 3526 PRADO DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GELINAS, MARIA NAME NAME 1235 15TH ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP D D **Delete** TITLE Addition LANIER, PATTIE NAME NAME 2315 MCCKELLAN PKWY STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-7IP CITY-ST-ZIP SD TITLE TITLE Change ☐ Addition Delete MILLS, LAURA NAME NAME 4517 ASCOT CIRCLE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition HUGHES, JO-ANN NAME NAME 2545 22ND ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-ZIP CITY-ST-ZIP Sec ШШ ☐ Change ☐ Addition TITLE ☐ Dalete Mobley, NAME NAME STREET ADDRESS Trentwood STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**