

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007569

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

2801 NEWTOWN BLVD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2645 22ND ST
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 65-1038788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, JO-ANN
2645 22ND ST
SARASOTA, FL 34234 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: PD () Delete
Name: CAMPBELL, CELESTINE
Address: 3526 PRADO DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: GELINAS, MARIA
Address: 1235 15TH ST
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: MILLS, LAURA
Address: 4517 ASCOT CIRCLE S.
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: HUGHES, JO-ANN
Address: 2545 22ND ST
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: HUGHES, JO-ANN M
Address: 2645 22ND ST
City-St-Zip: SARASOTA, FL 34234

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: JOANN M HUGHES

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date