2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N00000008425

Entity Name: FRIENDS OF THE PACE AREA LIBRARY, INC.

Current Principal Place of Business:

PO BOX 2068
PACE, FL 32571

New Principal Place of Business:

4750 PACE PATRIOT BLVD
FRIENDS OF PACE LIBRARY
PACE, FL 32571

Current Mailing Address:

PO BOX 2068
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3562258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, DANIEL
3895 HWY. 90
PACE, FL 32571 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: D ( ) Delete
Name: TWARKINS, TOM
Address: 4932 WOODBINE RD.
City-St-Zip: PACE, FL 32571

Title: T/D ( ) Delete
Name: LYLE, MARTHA
Address: 4101 BAY FRONT TERRACE
City-St-Zip: MILTON, FL 32571

Title: D ( ) Delete
Name: CRAGO, TERRY
Address: 5300 ROWE TRAIL
City-St-Zip: PACE, FL 32571

Title: P ( ) Delete
Name: RICHARDSON, JENNIFER
Address: 3309 GLENEALES DR
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete
Name: TWARKINS, FERRYN
Address: 4932 WOODBINE RD.
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete
Name: YARRINGTON, MARYJANE
Address: 3275 COBBLESTONE DR.
City-St-Zip: MILTON, FL 32571

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:

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: MARTHA LYLE T/D 01/21/2009

Electronic Signature of Signing Officer or Director — Date