

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004760

FILED
Apr 24, 2009
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY, DUNDEE, INC.

Current Principal Place of Business:

28037 U.S. HWY. 27
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

PO BOX 1467
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 59-3692246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERCY, MARIA
304 SHEPARD AVENUE
BRADLEY, FL 33835 US

Name and Address of New Registered Agent:

GLOGOWSKI, CHERYL
254 ALPINE DR.
WINTER HAVEN, FL 33881 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: CHERYL GLOGOWSKI

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REID, WENDY J
Address: 1426 FLAGLER
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: PERCY, MARIA
Address: 304 SHEPARD AVE
City-St-Zip: DUNDEE, FL 33838

Title: TD () Delete
Name: DELVALLE, LINDA
Address: 316 SHEPARD AVE
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: REID, WILLIAM B
Address: 1426 FLAGLER
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: GLOGOWSKI, CHERYL
Address: 254 ALPINE DR EAST
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD () Delete
Name: GLOGOWSKI, DAVID A
Address: 254 ALPINE DR EAST
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PERCY, MARIA
Address: 304 SHEPARD AVE
City-St-Zip: DUNDEE, FL 33838

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: CHERYL GLOGOWSKI

SD

04/24/2009

Electronic Signature of Signing Officer or Director

Date