


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 011 ****61.25

DOCUMENT # N01000006458	
1. Entity Name FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.	

Principal Place of Business P.O. BOX 1703 HERNANDO, FL 34442-1703	Mailing Address P.O. BOX 1703 HERNANDO, FL 34442-1703
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

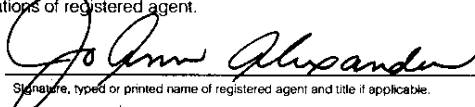
40008910



01042008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALEXANDER, JO ANN 8504 E. GLASGOW PLACE INVERNESS, FL 34450-1714		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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.

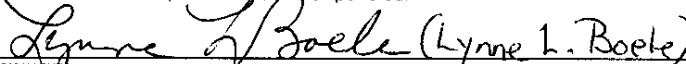
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOELE, LYNNE <input type="checkbox"/> Delete 6819 E. ENTWOOD CT INVERNESS, FL 34453	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD (same) BOELE, LYNNE (misspelled) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Same Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PRICE, SANDRA <input type="checkbox"/> Delete 3293 N. TYRONE AVE. HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HADERER, SUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 W. TALL OAKS DR BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RACINE, JEAN <input type="checkbox"/> Delete 1781 E. WESTGATE LN HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALEXANDER, JO ANN <input type="checkbox"/> Delete 8504 E GLASGOW PL INVERNESS, FL 344501714	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASBURY, JULIE <input type="checkbox"/> Delete 21233 N. WATSEEDGE CRYSTAL RIVER, FL 34429	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELDRIDGE, PAT <input type="checkbox"/> Delete 234 N DUNFRIES PT INVERNESS, FL 34450	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  **352-637-3073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #