2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N01000006458

Entity Name: FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.

Current Principal Place of Business:

P.O. BOX 1703
HERNANDO, FL 344421703

New Principal Place of Business:

2415 N. FLORIDA AVENUE
HERNANDO, FL 34442

Current Mailing Address:

P.O. BOX 1703
HERNANDO, FL 344421703

New Mailing Address:

FEI Number: 59-3746194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, JO ANN
8504 E. GLASGOW PLACE
INVERNESS, FL 344501714 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: BOELE, LYNNE
Address: 6819 E. ENTWOOD CT
City-St-Zip: INVERNESS, FL 34453

Title: VPD ( ) Delete
Name: HADERER, SUE
Address: 1900 W TALL OAKS DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SD ( ) Delete
Name: RACINE, JEAN
Address: 1781 E. WESTGATE LN
City-St-Zip: HERNANDO, FL 34442

Title: TD ( ) Delete
Name: ALEXANDER, JO ANN
Address: 8504 E GLASGOW PL
City-St-Zip: INVERNESS, FL 344501714

Title: D ( ) Delete
Name: ASBURY, JULIE
Address: 21233 N. WATERSEDGE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete
Name: ELDRIDGE, PAT
Address: 234 N DUNFRIES PT
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOELE, LYNNE L
Address: 1108 S. WATERVIEW DRIVE
City-St-Zip: INVERNESS, FL 34450

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: LYNNE L. BOELE PRES 01/15/2009
Electronic Signature of Signing Officer or Director — Date