2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

2415 N. FLORIDA AVENUE
HERNANDO, FL 34442

New Principal Place of Business:

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
Name: BOELE, LYNNE L
Address: 1108 S. WATERVIEW DRIVE
City-St-Zip: INVERNESS, FL 34450

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

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

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

Title: D
Name: MUSSELMAN, GENE
Address: 1814 E. BISMARK
City-St-Zip: HERNANDO, FL 34442

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

I hereby 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 all other like empowered.

SIGNATURE: LYNNE L. BOELE PD 01/06/2010

Electronic Signature of Signing Officer or Director — Date