2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01000008184

Entity Name: FRIENDS OF FAMU LIBRARIES, INC.

Current Principal Place of Business:

COLEMAN LIBRARY - ROOM 315
FLORIDA A&M UNIVERSITY
TALLAHASSEE, FL 32307

New Principal Place of Business:

Current Mailing Address:

COLEMAN LIBRARY - ROOM 315
FLORIDA A&M UNIVERSITY
TALLAHASSEE, FL 32307

New Mailing Address:

FEI Number: 59-3721950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MARGARET B
273 MARTIN RD
MONTICELLO, FL 32344 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: JONES, MARGARET B
Address: 273 MARTIN RD
City-St-Zip: MONTICELLO, FL 32344

Title: VD ( ) Delete
Name: BYRD, CLINTON F
Address: 6496 S. WINDWOOD HILLS CIR
City-St-Zip: TALLAHASSEE, FL 323119322

Title: S ( ) Delete
Name: MANNING, EVA
Address: 606 FAMCEE
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD ( ) Delete
Name: HENRY, PRISCILLA
Address: RT 3 BOX 141-B1
City-St-Zip: MONTICELLO, FL 32344

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:

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: CLINTON F. BYRD VD 03/23/2009

Electronic Signature of Signing Officer or Director — Date