2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01116

FILED Jan 05, 2009 Secretary of State

Entity Name: EUSTIS LIBRARY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 120 N. CENTER STREET C/O STEVEN BENETZ EUSTIS, FL 32726 **New Mailing Address: Current Mailing Address:** 120 N. CENTER STREET C/O STEVEN BENETZ EUSTIS, FL 32726 FEI Number: 59-2368221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENETZ, E. STEVEN 120 N. CÉNTER STREET EUSTIS, FL 32726 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAMMOND, JACK Name: Name: 326 N. ROSSITER STREET Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: Title: (X) Change () Addition () Delete TRASK, ALTA, Name: BLECKLEY-YARBROUGH,, DAWN Name: Address: 18 FOREST LANE Address: 37350 OAKE LANE City-St-Zip: EUSTIS, FL City-St-Zip: EUSTIS, FL 32727 Title: () Delete Title: (X) Change () Addition LE HEUP, WILLIAM, LE HEUP, WILLIAM, Name: Name: 434 E. LEMON AVE 434 E. LEMON AVE Address: Address: City-St-Zip: EUSTIS, FL City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: (X) Change () Addition Name: MOULDEN, ROBERT L. Name: MOULDEN, ROBERT L. Address: PO BOX 1493 Address: PO BOX 1493 City-St-Zip: EUSTIS, FL City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: () Change () Addition STONE, LEWIS, Name: Name: 10 VILLA WAY Address: Address: City-St-Zip: EUSTIS, FL City-St-Zip: Title: () Delete Title: () Change (X) Addition BENETZ, E. STEVEN. Name: Name: Address: Address: 1503 TYRINGHAM ROAD EUSTIS, FL 32726 City-St-Zip: 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: KATHRYN PRINGLE S 01/05/2009