

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01400

FILED
Apr 03, 2009
Secretary of State

Entity Name: FRIENDS OF THE OLDSMAR PUBLIC LIBRARY, INC.

Current Principal Place of Business:

400 ST PETE DR E
OLDSMAR, FL 34677 US

New Principal Place of Business:

400 ST PETERSBURG DR EAST
OLDSMAR, FL 34677 US

Current Mailing Address:

400 ST PETE DR E
OLDSMAR, FL 34677 US

New Mailing Address:

400 ST PETERSBURG DR EAST
OLDSMAR, FL 34677 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMS, TAMI
608 BAYVIEW BLVD
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

ANTOZZI, JERI
509 SHORE DRIVE EAST
OLDSMAR, FL 34677 US

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: JERI ANTOZZI

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOMS, TAMI
Address: 608 BAYVIEW BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: V () Delete
Name: BROWN, PETER
Address: 608 BAYVIEW BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: ANTOZZI, JARI
Address: 509 SHORE DR E
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Delete
Name: SEARS, SANDRA
Address: 400 ST PETE DR E
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALTERS, JERRY
Address: 1108 ROBINWOOD DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: V/S (X) Change () Addition
Name: ANTOZZI, JERI
Address: 509 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Change () Addition
Name: SLAUNWHITE, PHYLLIS
Address: PO BOX 903
City-St-Zip: OLDSMAR, FL 34677

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: JERI ANTOZZI

SECR

04/03/2009

Electronic Signature of Signing Officer or Director

Date