

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001235

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

777 SOUTH COUNTY ROAD 314A
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

777 SOUTH COUNTY ROAD 314A
OCKLAWAHA, FL 32179

New Mailing Address:

777 SOUTH COUNTY RD 314A
OCKLAWAHA, FL 32179

FEI Number: 43-1976251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACFARLAND, NANCY
16112 SE 15TH ST
OCKLAWAHA, FL 32179 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: P () Delete
Name: MACFARLAND, NANCY
Address: P. O. BOX 2083
City-St-Zip: SILVER SPRINGS, FL 34489

Title: V () Delete
Name: POOLE, DONNA
Address: 18901 E. HWY 40 APT 49
City-St-Zip: SILVER SPRINGS, FL 34488

Title: S () Delete
Name: ROSA, DIEHL
Address: 18292 SE 24TH ST
City-St-Zip: SILVER SPRINGS, FL 34488

Title: T () Delete
Name: WILEY, ANITA
Address: P. O. BOX 1083
City-St-Zip: SILVER SPRINGS, FL 34489

Title: CS () Delete
Name: WEBSTER, BARBARA
Address: 177 NE 170TH CT
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACFARLAND, NANCY
Address: 16112 SE 15TH ST
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: V (X) Change () Addition
Name: POOLE, DONNA
Address: 18901 E. HWY 40 APT 49
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: S (X) Change () Addition
Name: NORSWORTHY, SANDI
Address: 18095 SE 24TH ST
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: WEBSTER, BARBARA
Address: 177 NE 170TH CT
City-St-Zip: SILVER SPRINGS, FL 34488 US

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: NANCY MACFARLAND

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date