

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004253

FILED
May 03, 2007
Secretary of State

Entity Name: FRIENDS OF THE SOUTHEAST BRANCH LIBRARY OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

6670 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

6670 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 75-3065273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIXON, EDITH
47 ANDLASIA CT
SAINT AUGUSTINE, FL 32086 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: MIXON, EDITH
Address: 47 ANDLASIA CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete
Name: CHAMBERS, JACKIE S
Address: 185 MAYA CT.
City-St-Zip: ST. AUGUSTINE, FL

Title: SD () Delete
Name: DYORNICK, KATHY
Address: 1261 PARADISE POND RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: LAURENCELLE, PATRICIA
Address: 23 VERSAGGI DR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: DEVRIES, GAIL
Address: 200 4TH ST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD () Delete
Name: HINES, ROSEMARY
Address: 170 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

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:

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: EDITH MIXON

PRES

05/03/2007

Electronic Signature of Signing Officer or Director

Date