# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2009**
**Secretary of State**

DOCUMENT# N03000002866

**Entity Name:** FRIENDS OF THE FORT MCCOY PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

14660 NE HIGHWAY 315
FORT MC COY, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 453
FORT MC COY, FL 32134

**New Mailing Address:**

**FEI Number: 57-1184071** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALKIN, FRED
10700 NE HIGHWAY 315
FORT MCCOY, FL 32134 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: DP ( ) Delete
Name: BRENNAN, SYBIL A
Address: 22151 NE 151 LANE
City-St-Zip: FORT MC COY, FL 32134

Title: DT ( ) Delete
Name: BRUNN, PAT
Address: 14485 NE 119TH CT
City-St-Zip: FORT MC COY, FL 32134

Title: DV ( ) Delete
Name: MALKIN, FRED
Address: 10700 NE HWY 315
City-St-Zip: FORT MC COY, FL 32134

Title: DS ( ) Delete
Name: BLAYLOCK, ELAINE
Address: 15594 NE 150 CT
City-St-Zip: FORT MC COY, FL 32134

Title: D ( ) Delete
Name: KENT, LARRY
Address: 17571 NE 138TH TERRACE
City-St-Zip: FORT MC COY, FL 32134

Title: D ( ) Delete
Name: STOCK, ALYCE
Address: 14710 NE 206TH PL
City-St-Zip: FORT MC COY, FL 32134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: BEAVERS, SHARON
Address: 13486 NE 228TH LANE ROAD
City-St-Zip: FORT MC COY, FL 32134

Title: DT (X) Change ( ) Addition
Name: BRENNAN, SYBIL
Address: 22151 NE 151ST LANE
City-St-Zip: FORT MC COY, FL 32134

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

Title: DS (X) Change ( ) Addition
Name: OLIVIERO, JOANN
Address: 12950 NE 245TH PLACE
City-St-Zip: FORT MC COY, FL 32134

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: SYBIL BRENNAN DT 03/08/2009

Electronic Signature of Signing Officer or Director — Date