

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006388

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** EAST LAKE COMMUNITY LIBRARY ADVISORY BOARD, INC.

**Current Principal Place of Business:**

4125 EAST LAKE RD.  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4125 EAST LAKE RD.  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 75-3161160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ  
1245 COURT ST., SUITE 102  
CLEARWATER, FL 33756 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: DT ( ) Delete  
Name: FERRERI, PAUL  
Address: 4125 EAST LAKE RD.  
City-St-Zip: PALM HARBOR, FL 34685

Title: DC ( ) Delete  
Name: MCKONE, THOMAS  
Address: 2880 DEER RUN  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DVP ( ) Delete  
Name: DETORO, IRV  
Address: 4079 CAPITAL DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: WOLF, SUSAN  
Address: 4155 GRAMDCHAMP C078402IRCLE  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: CUNNINGHAM, PAT  
Address: 1300 SILVER EAGLE DR  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DR ( ) Delete  
Name: DIBERT, RICHARD  
Address: 4072 BELMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: DT (X) Change ( ) Addition  
Name: FERRERI, PAUL  
Address: 3985 CAPITOL DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: DVP (X) Change ( ) Addition  
Name: REMOLADOR, PHYLLIS  
Address: 3910 ARLINGTON DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: D (X) Change ( ) Addition  
Name: WOLF, ROB  
Address: 5051 CROSS POINTE DRIVE  
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: SUSAN G. WOLF

SEC

04/16/2009

Electronic Signature of Signing Officer or Director

Date