2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007083

FILED May 07, 2007 Secretary of State

Entity Name: FRIENDS OF THE VILLAGES LIBRARY, INC.

Entity Nam	16: FRIENDS OF THE VILLAGES LIBRARY, INC.		
Current Principal Place of Business:		New Princ	ipal Place of Business:
	DERE BLVD E, FL 32162		
Current Mailing Address:		New Mailing Address:	
	OA COURT GES, FL 32159		
	80-0072799 FEI Number Applied For () FEI N e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	-	
LADY LAKE	OA COURT E, FL 32159 US named entity submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATUR	Electronic Signature of Registered Agent		 Date
OFFICERS	AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D () Delete DUGGAN, CAROL 1306 FORTALEZA DR LADY LAKE, FL 32159	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete REYNOLDS, PAT 1208 BARCELONA DR LADY LAKE, FL 32159	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete STOVRING, BARBARA 2787 PLAINRIDGE LOOP LADY LAKE, FL 32162	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROSE, SYLVIA 9390 SE 177TH SIMONS LANE THE VILLAGES, FL 32162
Title: Name: Address: City-St-Zip:	D () Delete THOMAS, IRENE 1321 BALBOA COURT LADY LAKE, FL 32159	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete HOFFMAN, ELLEN 1317 SANTA MARIA AVE LADY LAKE, FL 32159	Title: Name: Address: City-St-Zip:	() Change () Addition

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: SYLVIA J. ROSE D 05/07/2007