

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008423

FILED
Jan 12, 2009
Secretary of State

Entity Name: DEFUNIAK SPRINGS FRIENDS OF THE LIBRARY, INC.

Current Principal Place of Business:

3 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 134
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-0381259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, MARK D ESQ.
694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS, FL 32435 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: MCLELLAN, BARBARA
Address: 464 HEWETT ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: STD () Delete
Name: AYAN, ANNE O
Address: 143 MCGARIGLE ROAD SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VD () Delete
Name: HOLLEY, GLADYS E
Address: 300 BAY AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: RYAN, ANNE O
Address: 143 MCGARIGLE ROAD SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

Title: TREA () Change (X) Addition
Name: RYAN, ANNE O
Address: 143 MCGARIGLE ROAD SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: ANNE O. RYAN

SEC

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date