


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000001785 1. Entity Name FRIENDS OF THE NORTH FORT MYERS PUBLIC LIBRARY, INC.	
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Principal Place of Business 2001 NORTH TAMiami TRAIL, NE NORTH FT. MYERS, FL 33903	Mailing Address 2001 NORTH TAMiami TRAIL, NE NORTH FT. MYERS, FL 33903
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02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0859486	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOODSIDE, MARYELLEN
11919 PRINCE CHARLES CT.
CAPE CORAL, FL 33991

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDMIER, CAROL 17807 DRACUNA CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELONG, MARGE 131 COTILLION LANE NORTH FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITACRE, JEANNETTE E 19296 POTOMAC CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITACRE, WILLIAM W 19296 POTOMAC CIRCLE NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMEWAY, ROBERT 4325 S ATLANTIC CI NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENARD, BEA 3902 SABAL SPRINGS BLVD. NORTH FT. MYERS, FL 33917

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03/05/08-80044-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William W. Whitacre William W. Whitacre 2/20/08 839-543-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #