

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001785

FILED
Apr 06, 2009
Secretary of State

Entity Name: FRIENDS OF THE NORTH FORT MYERS PUBLIC LIBRARY, INC.

Current Principal Place of Business:

2001 NORTH TAMIAMI TRAIL, NE
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

2001 NORTH TAMIAMI TRAIL, NE
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 20-0859486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODSIDE, MARYELLEN
11919 PRINCE CHARLES CT.
CAPE CORAL, FL 33991 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: P () Delete
Name: EDMIER, CAROL
Address: 17807 DRACUNA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: V () Delete
Name: DELONG, MARGE
Address: 131 COTILLION LANE
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: S () Delete
Name: WHITACRE, JEANNETTE E
Address: 19296 POTOMAC CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD () Delete
Name: WHITACRE, WILLIAM W
Address: 19296 POTOMAC CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: HEMEWAY, ROBERT
Address: 4325 S ATLANTIC CI
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: GENARD, BEA
Address: 3902 SABAL SPRINGS BLVD.
City-St-Zip: NORTH FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: VANCE, MARY
Address: 3131 INDIAN VILLAGE LANE
City-St-Zip: NORTH FT. MYERS, FL 33917

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

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

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: WILLIAM W. WHITACRE

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date