

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002271

FILED
Mar 13, 2009
Secretary of State

Entity Name: FRIENDS OF RUPERT J. SMITH LAW LIBRARY OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

102 COURTHOUSE ADDITION
218 S 2ND ST
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

102 COURTHOUSE ADDITION
218 S 2ND ST
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-0882903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JAMES T
519 S INDIAN RIVER DR
FT PIERCE, FL 34980 US

Name and Address of New Registered Agent:

WALKER, JAMES T
519 S INDIAN RIVER DR
FT PIERCE, FL 34950 US

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:

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: EMERSON, KAREN V
Address: 3503 FONTANEDA AVE
City-St-Zip: FT PIERCE, FL 34950

Title: D () Delete
Name: CHANDLER, JOHN
Address: 900 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: D/P () Delete
Name: WALKER, JAMES
Address: 519 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34980

Title: D () Delete
Name: DUDECK, CARLA
Address: 1000 IBIS AVE
City-St-Zip: FT PIERCE, FL 34982

Title: DT () Delete
Name: PAXTON, NORMAN L JR
Address: 606 BOSTON AVE
City-St-Zip: FT PIERCE, FL 34950

Title: DS (X) Delete
Name: EVERLOVE, NORA
Address: 412 65TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BRAMMER, ROBERT
Address: 7503 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D/P (X) Change () Addition
Name: WALKER, JAMES T
Address: 519 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34980

Title: DS (X) Change () Addition
Name: EVERLOVE, NORA
Address: 412 65TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33710

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: NORMAN L. PAXTON, JR.

T

03/13/2009

Electronic Signature of Signing Officer or Director

Date