

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008450

FILED
Jan 28, 2009
Secretary of State

Entity Name: WESTON FRIENDS OF THE LIBRARY, INC.

Current Principal Place of Business:

4307 FOX HOLLOW
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4307 FOX HOLLOW
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-1606356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS SEROTA HELFMAN PASTORIZA GUEDES COLE
2665 S BAYSHORE DR STE 420
MIAMI, FL 33133 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: D () Delete
Name: HABIB, MONA
Address: 4307 FOX HOLLOW
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: KORMAN, ELLEN
Address: 490 ALEXANDRA CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: COHEN, ALEXANDRA
Address: 1656 ORION LN
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEXANDRA L. COHEN

TREA

01/28/2009

Electronic Signature of Signing Officer or Director

Date