

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90054 016 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N04517 1. Entity Name THE FRIENDS OF PORT ORANGE LIBRARY CENTER, INC. | | | | | |
| Principal Place of Business 1005 CITY CENTER CIRCLE PORT ORANGE, FL 32129 US | | | Mailing Address 1005 CITY CENTER CIRCLE PORT ORANGE, FL 32129 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2445047 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, EVA 116 CIRCLING WOOD CT PORT ORANGE, FL 32128 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE Eva Williams <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: right;"> 3.17.08 <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, EVA 116 CIRCLING WOOD CT. PORT ORANGE, FL 32128 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Malcolm Rich 1357 Flor Del Sol Drive Port Orange, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TORRANT, SUSAN 5921 SHADY CREEK LANE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Dora Graber 1 Oceans West Blvd. #2A1 Daytona Beach Shores, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MCDONALD, MARY E. 111 STRATFORD SQAURE PORT ORANGE, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Susie Greiff 697 Breckenridge Dr. PortOrange, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUZMYAK, MICHAEL 6141 SEQUOIA DR PORT ORANGE, FL 32129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Genevieve Larsen 1265 Harms Way Port Orange, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS COX, JEAN 828 WILDWOOD COURT PORT ORANGE, FL 32127 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Robert Bird 908 N. Lakewood Terrace Port Orange, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS PAGLIARI, CINDY P.O. BOX 291534 PORT ORANGE, FL 32129 <input type="checkbox"/> Delete | | | | |
| 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: Eva Williams <div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> 3.17.08 <small>Date</small> </div> <div style="text-align: right;"> 386-761-7553 <small>Daytime Phone #</small> </div> </div> | | | | | |