

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04517

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE FRIENDS OF PORT ORANGE LIBRARY CENTER, INC.

Current Principal Place of Business:

1005 CITY CENTER CIRCLE
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1005 CITY CENTER CIRCLE
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2445047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, EVA
116 CIRCLING WOOD CT
PORT ORANGE, FL 32128 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: WILLIAMS, EVA
Address: 116 CIRCLING WOOD CT.
City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete
Name: TORRANT, SUSAN
Address: 5921 SHADY CREEK LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: DT () Delete
Name: MCDONALD, MARY E.
Address: 111 STRATFORD SQAURE
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: KUZMYAK, MICHAEL
Address: 6141 SEQUOIA DR
City-St-Zip: PORT ORANGE, FL 32129

Title: DAS () Delete
Name: COX, JEAN
Address: 828 WILDWOOD COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: DAS () Delete
Name: PAGLIARI, CINDY
Address: P.O. BOX 291534
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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: EVA WILLIAMS

PRES

02/27/2009

Electronic Signature of Signing Officer or Director

Date