

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04517

**FILED**  
**Feb 17, 2011**  
**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 (X)**

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

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

**Title:** DT  
**Name:** MCDONALD, MARY E.  
**Address:** 111 STRATFORD SQAURE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** D  
**Name:** EICH, MALCOLM  
**Address:** 1357 FLOR DEL SOL DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** DAS  
**Name:** GREIFF, SUSIE  
**Address:** 697 BRECKENRIDGE DR  
**City-St-Zip:** PORT ORANGE, FL 32127 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** EVA WILLIAMS

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date