2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N04567

Entity Name: THE FRIENDS OF THE LAKE HELEN PUBLIC LIBRARY, INC.

Current Principal Place of Business:

221 N. EUCLID AVE
LAKE HELEN, FL 32744 US

New Principal Place of Business:

Current Mailing Address:

221 N. EUCLID AVE
LAKE HELEN, FL 32744 US

New Mailing Address:

221 N. EUCLID AVE
LAKE HELEN, FL 32744 US

FEI Number: 59-2405555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, DOROTHY
261 N. LAKEVIEW DR
LAKE HELEN, FL 32744 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/D ( ) Delete
Name: BLACKMAN, NORMA
Address: 226 N. EUCLID AVE.
City-St-Zip: LAKE HELEN, FL 32744 US

Title: V/D ( ) Delete
Name: HUGHES, CONNIE A
Address: 386 N. LAKEVIEW DR..
City-St-Zip: LAKE HELEN, FL 32744 US

Title: T/D ( ) Delete
Name: WILSON, NANCY
Address: 212 N. EUCLID AVENUE
City-St-Zip: LAKE HELEN, FL 32744

Title: S ( ) Delete
Name: WILSON, NANCY
Address: 212 N. EUCLID AVENUE
City-St-Zip: LAKE HELEN, FL 32744 US

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:

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: NANCY WILSON T/D 04/14/2008

Electronic Signature of Signing Officer or Director — Date