

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04567

FILED
May 10, 2009
Secretary of State

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:

FEI Number: 59-2405555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TD

05/10/2009

Electronic Signature of Signing Officer or Director

Date