

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04567

**FILED**  
**Jan 18, 2010**  
**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 ( )**

**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  
Name: BLACKMAN, NORMA  
Address: 226 N. EUCLID AVE.  
City-St-Zip: LAKE HELEN, FL 32744 US

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

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

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

TD

01/18/2010

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

\_\_\_\_\_  
Date