

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011585

FILED
Apr 02, 2009
Secretary of State

Entity Name: FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA, INC.

Current Principal Place of Business:

500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399

New Mailing Address:

FEI Number: 20-3900938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ALLEN R.
500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399 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: D () Delete
Name: MILLER, ALLEN R
Address: 2222 COLONIAL ROAD., SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: HARTMAN, SHARON
Address: 3916 WOOD GREEN WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: LEWIS, DORIS J
Address: 645 YUCCA ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, ALLEN R
Address: 2222 COLONIAL ROAD, SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

Title: S (X) Change () Addition
Name: HARTMAN, SHARON
Address: 3916 WOOD GREEN WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change () Addition
Name: LEWIS, DORIS J
Address: 645 YUCCA ROAD
City-St-Zip: NAPLES, FL 34102

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: JUDITH A. RING

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04/02/2009

Electronic Signature of Signing Officer or Director

Date