

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012202

FILED
Apr 27, 2009
Secretary of State

Entity Name: FRIENDS OF THE LATT MAXCY MEMORIAL LIBRARY, INC.

Current Principal Place of Business:

15 N MAGNOLIA AVE
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

15 N MAGNOLIA AVE
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 20-4152354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADDEN, MELISSA
15 N MAGNOLIA AVE
FROSTPROOF, FL 33843 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: S () Delete
Name: BENNETT, REGINA
Address: 487 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: JOHNSTON, JUDY C
Address: 509 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: BACKUS, LOIS
Address: 33 W F ST
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: JACKSON, JUDY
Address: 509 W 7TH ST
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BINGHAM, BARBARA
Address: 9440 OAKWOOD DR
City-St-Zip: LAKE WALES, FL 33898

Title: V () Delete
Name: WOODLEY, DANA
Address: 1501 N SEENIE HWY
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENNETT, REGINA
Address: 487 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: REIFEIS, BEATRICE
Address: 133 MAXCY LANE
City-St-Zip: FROSTPROOF, FL 33843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RUCKS, TINA
Address: 304 CARMELA DRIVE
City-St-Zip: FROSTPROOF, FL 33843

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: BEATRICE REIFEIS

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date