2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012202

FILED Jan 09, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

15 N MAGNOLIA AVE FROSTPROOF, FL 33843

Current Mailing Address: New Mailing Address:

15 N MAGNOLIA AVE FROSTPROOF, FL 33843

FEI Number: 20-4152354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HADDEN, MELISSA 15 N MAGNOLIA AVE

FROSTPROOF, FL 33843 US

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: I

Name: BENNETT, REGINA
Address: 437 N SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: D

 Name:
 JOHNSTON, JUDY C

 Address:
 509 N SCENIC HWY

 City-St-Zip:
 FROSTPROOF, FL 33843

Title:

Name: REIFEIS, BEATRICE
Address: 133 MAXCY LANE
City-St-Zip: FROSTPROOF, FL 33843

Title: D

Name: JACKSON, JUDY Address: 509 W 7TH ST

City-St-Zip: FROSTPROOF, FL 33843

Title: 5

 Name:
 LAWRENCE, SHARON

 Address:
 512 PALMETTO AVE

 City-St-Zip:
 FROSTPROOF, FL 33843

Title: [

 Name:
 WOODLEY, DANA

 Address:
 1501 N SEENIE HWY

 City-St-Zip:
 FROSTPROOF, FL 33843

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: BEA REIFEIS T 01/09/2010