2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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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: P
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: T
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: S
Name: LAWRENCE, SHARON
Address: 512 PALMETTO AVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D
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 02/09/2011

Electronic Signature of Signing Officer or Director Date