

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012292

FILED
Feb 07, 2008
Secretary of State

Entity Name: FRIENDS OF THE LIBRARIES OF ST JOHNS COUNTY, INC

Current Principal Place of Business:

6670 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

6670 US 1 SOUTH
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 81-0680609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIXON, EDITH
47 ANDALUSIA CT
ST. AUGUSTINE, FL 32086 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: DP () Delete
Name: MIXON, EDITH
Address: 47 ANDALUSIA CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: DE VRIES, GAIL
Address: 200 4TH ST.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT () Delete
Name: FREEMAN, DULCY
Address: P.O. BOX 4508
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D () Delete
Name: MILLER, JOHN
Address: 33 ANDULASIA CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: PRITCHETT, DOLORES
Address: 104 DANCY
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: VIRGIL, JONES
Address: 6340 BROUGH ROAD
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MILLER, JON
Address: 33 ANDULASIA CT.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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: DULCY FREEMAN

DT

02/07/2008

Electronic Signature of Signing Officer or Director

Date