

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012823

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: WEST FLORIDA PUBLIC LIBRARY FOUNDATION, INC.

**Current Principal Place of Business:**

3 W GARDEN ST  
#618  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 464  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number: 20-5846909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAIRCHILD, CHARLES  
3 W GARDEN ST  
#618  
PENSACOLA, FL 32502 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 ( ) Delete  
Name: LACOUR, RICHARD  
Address: 501 COMMENDENCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: VP ( ) Delete  
Name: FETTERMAN, NANCY  
Address: 1449 PLAYERS CLUB DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: BALLINGER, MALCOM  
Address: 41 N JEFFERSON ST  
City-St-Zip: PENSACOLA, FL 32502

Title: T ( ) Delete  
Name: FAIRCHILD, CHARLES  
Address: 3 W GARDEN ST., STE 618  
City-St-Zip: PENSACOLA, FL 32502

**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: ( ) 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: CHARLES FAIRCHILD

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date