

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05300

FILED
Mar 04, 2009
Secretary of State

Entity Name: FRIENDS OF THE EDGEWATER PUBLIC LIBRARY, INC.

Current Principal Place of Business:

C/O RUTH MCCORMACK
103 INDIAN RIVER BLVD.
EDGEWATER, FL 32132 US

New Principal Place of Business:

EDGEWATER PUBLIC LIBRARY
103 INDIAN RIVER BLVD.
EDGEWATER, FL 32132 US

Current Mailing Address:

C/O RUTH MCCORMACK
103 INDIAN RIVER BLVD.
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: 59-1625648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCORMACK, RUTH
103 INDIAN RIVER BLVD
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

SIKES, JO ANNE
103 INDIAN RIVER BLVD
EDGEWATER, FL 32132 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: JO ANNE SIKES

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANNE, MCDEVITT
Address: 610 PORTSIDE LANE
City-St-Zip: EDGEWATER, FL 32141

Title: TD () Delete
Name: KREIMIER, JEAN
Address: 117 AZALEA ROAD
City-St-Zip: EDGEWATER, FL

Title: VD () Delete
Name: SIKES, JOANNE
Address: 125 E PALM WAY
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIKES, JO ANNE
Address: 125 E PALMWAY
City-St-Zip: EDGEWATER, FL 32132

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

Title: VD (X) Change () Addition
Name: PURINTIN, JOYCE
Address: 449 BELLA VISTA
City-St-Zip: EDGEWATER, FL 32141

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: JO ANNE SIKES

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date