2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

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

Current Principal Place of Business:

206 N PARTIN DR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

206 N PARTIN DR
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-5465457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DR
STE 1014
FT WALTON BEACH, FL 325476711 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:	D	( ) Delete
Name:	BRUNSON, TRICIA	
Address:	1055 E JOHN SIMS PKWY	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	RILEY, JUDY B	
Address:	1501 BAYSHORE DR	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	MEIGS, JANE	
Address:	1315 BAYSHORE DR	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	MCINNIS, C. JEFFREY	
Address:	909 MAR WALT DR - STE 1014	
City-St-Zip:	FT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	RUCKEL, CHRISTINA	
Address:	222 ROCKWOOD LN	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	SPENCE, REBECCA	
Address:	1405-A BAYSHORE DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	

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:	
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: SHEILA K. BISHOP DIR 01/16/2008

Electronic Signature of Signing Officer or Director — Date