

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000849

FILED  
Feb 03, 2009  
Secretary of State

**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 ( )**

**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

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date