

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006808

FILED
Mar 05, 2009
Secretary of State

Entity Name: FRIENDS OF THE HOLMES COUNTY FLORIDA LIBRARY, INC

Current Principal Place of Business:

303 N. JAY HARVEY ETHERIDGE ST
BONIFAY, FL 32425

New Principal Place of Business:

303 N. J HARVEY ETHERIDGE ST
BONIFAY, FL 32425

Current Mailing Address:

303 N. J HARVEY ETHERIDGE ST
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 20-5098829 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, SUSAN
303 N J HARVEY ETHERIDGE ST
BONIFAY, FL 32425 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: LEAVINS, ANN
Address: 303 N LAY HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: HARRIS, SUSAN
Address: 303 N JAY HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: TREADWELL, ELIZABETH
Address: 303 N J HARVEY ETHRIDGE
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: CLARK, JOSEPH
Address: 303 N J HARVEY ETHRIDGE
City-St-Zip: BONIFAY, FL 322425

Title: D () Delete
Name: BELFORD, BARBARA
Address: 303 N J HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: TAYLOR, GLORIA
Address: 303 J HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEAVINS, ANN
Address: 303 N J HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

Title: D (X) Change () Addition
Name: HARRIS, SUSAN
Address: 303 N J HARVEY ETHRIDGE ST
City-St-Zip: BONIFAY, FL 32425

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: SUSAN HARRIS

D

03/05/2009

Electronic Signature of Signing Officer or Director

Date