

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000284

FILED
Jan 22, 2008
Secretary of State

Entity Name: FRIENDS OF THE ANASTASIA ISLAND BRANCH LIBRARY OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

123 SEAGROVE MAIN ST.
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

124 SEAGROVE MAIN ST.
ST. AUGUSTINE BEACH, FL 32080

Current Mailing Address:

123 SEAGROVE MAIN ST.
ST. AUGUSTINE BEACH, FL 32080

New Mailing Address:

124 SEAGROVE MAIN ST.
ST. AUGUSTINE BEACH, FL 32080

FEI Number: 20-5692082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARAH, DAVID
68 VILLAGE DEL LAGO CIR.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

FARAH, DAVID
124 SEAGROVE MAIN ST.
ST. AUGUSTINE BEACH, FL 32080 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:

01/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FARAH, DAVID
Address: 68 VILLAGE DEL LAGO CIR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DS () Delete
Name: GUTTINGER, DON
Address: 128 HERONS NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: FARAH, CINDIE
Address: 68 VILLAGE DEL LAGO CIR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: HICKS, MONICA
Address: 508 E ST.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: JACOBSON, AUDREY
Address: 18 SUN FISH DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: SNYDER, CATHY
Address: 324 OGLETHORPE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: COMSTOCK, CLAIRE
Address: 58 WILLOW DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DV (X) Change () Addition
Name: GUTTINGER, DON
Address: 128 HERONS NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

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

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

Title: D (X) Change () Addition
Name: SPOONHOUR, MARGARET
Address: 268 N. CHURCHILL DR
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: CAMPBELL, JAMES
Address: 76 VILLAGE DEL LAGO CIR
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DAVID FARAH

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date