

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000284

FILED  
Apr 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5692082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FARAH, DAVID D/P  
68 VILLAGE DEL LAGO CIR  
ST. AUGUSTINE, 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: DAVID FARAH

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DV ( ) 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: SPOONHOUR, MARGARET  
Address: 268 N. CHURCHILL DR  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D/V (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: ( ) 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: DAVID FARAH

D/P

04/27/2009

Electronic Signature of Signing Officer or Director

Date