

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001015

FILED
Aug 19, 2008
Secretary of State

Entity Name: FRIENDS OF THE YULEE BRANCH LIBRARY, INCORPORATED

Current Principal Place of Business:

YULEE PUBLIC LIBRARY
76346 WILLIAM BURGESS BLVD
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

YULEE PUBLIC LIBRARY
76346 WILLIAM BURGESS BLVD
YULEE, FL 32097

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POSEY, JACOB
86725 RIVERWOOD DR
YULEE, FL 32097 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: DP () Delete
Name: POSEY, JACOB
Address: 86725 RIVERWOOD DR
City-St-Zip: YULEE, FL 32097

Title: DV () Delete
Name: KOBER, BILL
Address: 86265 EVERGREEN PL
City-St-Zip: YULEE, FL 32097

Title: DT () Delete
Name: NORGAN, JUDITH
Address: 75061 EDWARDS RD
City-St-Zip: YULEE, FL 32097

Title: DS () Delete
Name: PETERSON, TEEN
Address: 2053 OAK MARSH DR
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D () Delete
Name: BRIANARD, BILL
Address: 1417 SADLER RD #258
City-St-Zip: FERNANDINA BCH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: KOBER, WILLIAM M
Address: 86265 EVERGREEN PL
City-St-Zip: YULEE, FL 32097

Title: DT (X) Change () Addition
Name: MORGAN, JUDITH
Address: 75061 EDWARDS RD
City-St-Zip: YULEE, FL 32097

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

Title: D (X) Change () Addition
Name: BRAINARD, BILL
Address: 1417 SADLER RD #258
City-St-Zip: FERNANDINA BCH, FL 32034

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: WILLIAM M. KOBER

DV

08/19/2008

Electronic Signature of Signing Officer or Director

_____ Date