

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004249

FILED
Apr 30, 2009
Secretary of State

Entity Name: LIBRARY SYSTEM FOUNDATION OF LEE COUNTY, INC.

Current Principal Place of Business:

5215 TOWER DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5215 TOWER DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-8871140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, VIRGINIA
5215 TOWER DRIVE
CAPE CORAL, FL 33904 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: P/D () Delete
Name: YATES, VIRGINIA
Address: 5215 TOWER DRIVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: V/D () Delete
Name: SLATON, NELLIE
Address: 4402 SE 13TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S/D () Delete
Name: DECAMP, KELLEY
Address: 1730 SW 11TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: T/D () Delete
Name: WALLACE, BYRON
Address: 1824 SE 10TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D () Delete
Name: ANDERSON, GLENDA
Address: 2350 HOOPLE STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: D () Delete
Name: HALVORSON, PAT
Address: P.O. BOX 727
City-St-Zip: BOKEELIA, FL 33922 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/D (X) Change () Addition
Name: ANDERSON, GLENDA
Address: 2350 HOOPLE STREET
City-St-Zip: FORT MYERS, FL 33901 US

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

Title: D (X) Change () Addition
Name: HAUENSTEIN, CLAIRE
Address: 20231 BURNSIDE PLACE #404
City-St-Zip: ESTERO, FL 33928 US

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: BYRON WALLACE

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date