2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N07000008546

Entity Name: FRIENDS OF THE MID-COUNTY (OSPREY) PUBLIC LIBRARY, INC.

Current Principal Place of Business:

901 VENETIA BAY BLVD SUITE 351
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

901 VENETIA BAY BLVD SUITE 351
VENICE, FL 34285

New Mailing Address:

FEI Number: 38-1186475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, ANNETTE ZP
901 VENETIA BAY BLVD SUITE 351
VENICE, FL 34285 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: BEGGUN, HELEN
Address: 148 LOOKOUT POINT DR
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: DAVIS, CONSTANCE
Address: 3754 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: MANSBERGER, LINDA
Address: PO BOX 846
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: MITCHELL, DAVID
Address: 182 HARBOR HOUSE DR
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: NOVAK, LOUISE
Address: 242 WINDWARD DR
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete
Name: NOYES, RICHARD
Address: 273 OSPREY POINT DR
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ANNETTE Z.P. ROSS RA 01/07/2009

Electronic Signature of Signing Officer or Director — Date