

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008754

FILED
Aug 27, 2008
Secretary of State

Entity Name: HORSESHOE LIBRARY CORPORATION

Current Principal Place of Business:

120 MAIN STREET
HORSESHOE BEACH, FL 32648

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6
HORSESHOE BEACH, FL 32648

New Mailing Address:

FEI Number: 74-3230881 FEI Number Applied For () FEI Number Not Applicable () 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:

PLETCHER, RAMONA
57, 9TH AVENUE
HORSESHOE BEACH, FL 32648 US

Name and Address of New Registered Agent:

GILCHRIST, FLORENCE
120 MAIN STREET
HORSESHOE BEACH, FL 32648 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: FLORENCE GILCHRIST

08/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLETCHER, RAMONA
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VPD () Delete
Name: MCBURNETTE, MARTHA
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: SD () Delete
Name: PUERNER, MAXIE
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: TD () Delete
Name: GILCHRIST, FLORENCE
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILCHRIST, FLORENCE
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VPD (X) Change () Addition
Name: CUNNINGHAM, ALGELA
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: SD (X) Change () Addition
Name: RAMONA, PLETCHER
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: TD (X) Change () Addition
Name: RAMONA, PLETCHER
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

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: FLORENCE GILCHRIST

PD

08/27/2008

Electronic Signature of Signing Officer or Director

Date