

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008754

FILED
Apr 15, 2009
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:

PO BOX 6
HORSESHOE BEACH, FL 32648 US

FEI Number: 74-3230881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILCHRIST, FLORENCE
120 MAIN STREET
HORSESHOE BEACH, FL 32648 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: PD () Delete
Name: GILCHRIST, FLORENCE
Address: P.O. BOX 6
City-St-Zip: HORSESHOE BEACH, FL 32648

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

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

Title: TD () Delete
Name: RAMONA, PLETCHER
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: 120 MAIN ST.
City-St-Zip: HORSESHOE BEACH, FL 32648 US

Title: VPD (X) Change () Addition
Name: MCBURNETTE, MARTHA
Address: 120 MAIN ST.
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: SD (X) Change () Addition
Name: NOVAK, PATTI
Address: 120 MAIN ST.
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: TD (X) Change () Addition
Name: MARONEY, WILLIAM
Address: 120 MAIN ST.
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

04/15/2009

Electronic Signature of Signing Officer or Director

Date