

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005917

FILED
Feb 26, 2009
Secretary of State

Entity Name: FRIENDS OF THE RIVERDALE BRANCH PUBLIC LIBRARY- LEE COUNTY, INC.

Current Principal Place of Business:

14561 PALM BEACH BLVD.
FORT MYERS, FL 33905

New Principal Place of Business:

2421 BUCKINGHAM ROAD
FORT MYERS, FL 33905

Current Mailing Address:

14561 PALM BEACH BLVD.
FORT MYERS, FL 33905

New Mailing Address:

2421 BUCKINGHAM ROAD
FORT MYERS, FL 33905

FEI Number: 11-3843262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, TERESA M
4655 LONG LAKE DR.
FORT MYERS, FL 33905 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 () Delete
Name: MURRAY, TERESA M
Address: 4655 LONG LAKE DR.
City-St-Zip: FORT MYERS, FL 33905 US

Title: TRES () Delete
Name: PASCALE, BARBARA L
Address: 11771 BRAMBLE COVE DR.
City-St-Zip: FORT MYERS, FL 33905 US

Title: SEC () Delete
Name: ARNOLD, DARLENE
Address: 3770 MOSSY OAK DR.
City-St-Zip: FORT MYERS, FL 33905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MURRAY, TERESA M
Address: 4655 LONG LAKE DR.
City-St-Zip: FORT MYERS, FL 33905 US

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: TERESA MURRAY

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date