2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N08000007353

Entity Name: FRIENDS OF THE HELEN B. HOFFMAN PLANTATION LIBRARY, INC.

Current Principal Place of Business:

501 NORTH FIG TREE LANE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

501 NORTH FIG TREE LANE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 26-3125749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNAPP, MONIKA
501 NORTH FIG TREE LANE
PLANTATION, FL 33317 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: HENDERSON, VIVIAN
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: 1VPD ( ) Delete
Name: DAVID, MARCIA
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: 2VPD ( ) Delete
Name: BRUGMAN, MARY
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete
Name: SLIZA, MARY
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: RS ( ) Delete
Name: WAKEFIELD, GINNY
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

Title: CS ( ) Delete
Name: ROBERTS, HELEN
Address: 501 NORTH FIG TREE LANE
City-St-Zip: PLANTATION, FL 33317

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: MARY SLIZA TREA 01/14/2009
Electronic Signature of Signing Officer or Director — Date