2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N08441

Entity Name: FRIENDS OF THE ST. LUCIE COUNTY LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

101 MELODY LANE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

101 MELODY LANE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-0904359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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:	CLIFTON, CARNELLE	
Address:	P.O. BOX 3663	
City-St-Zip:	FORT PIERCE, FL 34948	
Title:	VP	( ) Delete
Name:	HOWARD, LUCILLE M	
Address:	497 SW HOMELAND RD	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	T	( ) Delete
Name:	PINKNEY, PADRICK A	
Address:	211 SE VILLAGE DRIVE	
City-St-Zip:	PORT ST. LUCIE, FL 34952	
Title:	S	( ) Delete
Name:	PEREZ, BERTHA	
Address:	2639 SW ANN ARBOR RD	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	D	( ) Delete
Name:	BRYAN, MARY ANN	
Address:	3636 N. MILTON ROAD	
City-St-Zip:	FT. PIERCE, FL 34946	
Title:	D	( ) Delete
Name:	TOBIN, PATTI	
Address:	1816 SE HIDEAWAY CIRCLE	
City-St-Zip:	PORT ST. LUCIE, FL 34952	

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: PADRICK A. PINKNEY MR. 01/21/2009

Electronic Signature of Signing Officer or Director — Date