

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11076

FILED
Apr 06, 2009
Secretary of State

Entity Name: FRIENDS OF THE GULF COUNTY PUBLIC LIBRARIES, INC.

Current Principal Place of Business:

C/O CARL COPELAND
GULF COUNTY PUBLIC LIBRARY, 110 LIBRARY DR
PORT ST. JOE, FL

New Principal Place of Business:

Current Mailing Address:

C/O CARL COPELAND
GULF COUNTY PUBLIC LIBRARY, 110 LIBRARY DR
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 59-2849220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARL COPELAND
110 LIBRARY DR.
PORT ST. JOE, FL 32456 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: ROBERSON, RALPH C
Address: GULF CO PB LIBRARY
City-St-Zip: PT. ST JOE, FL 32456

Title: VD () Delete
Name: CARPENTER, MARY K
Address: GULF CO PB LIBRARY
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: SHIRLEY, LYNN
Address: GULF CO PB LIBRARY
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: SEARLE, POLLY
Address: GULF CO PB LIBRARY
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: COLBERT, CATHY
Address: GULF CO PB LIBRARY
City-St-Zip: PORT ST JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROBERSON, RALPH C
Address: GULF CO PB LIBRARY
City-St-Zip: PT. ST JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SEARLE, POLLY
Address: GULF CO PB LIBRARY
City-St-Zip: PORT ST JOE, FL 32456

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: POLLY A. SEARLE

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date