

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15028

FILED
Mar 24, 2009
Secretary of State

Entity Name: FRIENDS OF THE A. F. KNOTTS PUBLIC LIBRARY, INC.

Current Principal Place of Business:

11 56TH ST.
YANKEETOWN, FL 34498

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 11
YANKEETOWN, FL 34498

New Mailing Address:

FEI Number: 59-2677504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHAN, LINDA
5107 RIVERSIDE DR
YANKEETOWN, FL 34498 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: SD () Delete
Name: KLEE, ELLEN
Address: 31 PATRICIA RD
City-St-Zip: YANKEETOWN, FL 34498

Title: S () Delete
Name: CHAMPAGNE, KARIN
Address: 33 MAGNOLIA AVE
City-St-Zip: YANKEETOWN, FL 34498

Title: D () Delete
Name: EDMONSTON, ARLENE
Address: 17 PALM DR
City-St-Zip: YANKEETOWN, FL 34498

Title: TD () Delete
Name: FEENEY, ELEANOR C
Address: P.O. BOX 307
City-St-Zip: YANKEETOWN, FL 34498

Title: DCP () Delete
Name: EHRGOTT, BARBARA
Address: 6112 RIVERSIDE DR. BOX 275
City-St-Zip: YANKEETOWN, FL 34498

Title: D () Delete
Name: KLEE, ELLEN
Address: 31 PATRICIA RD
City-St-Zip: YANKEETOWN, FL 34498

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: D (X) Change () Addition
Name: EHRGOTT, BARBARA
Address: 6112 RIVERSIDE DR. BOX 275
City-St-Zip: YANKEETOWN, FL 34498

Title: DP (X) Change () Addition
Name: SCHOFIELD, SUSAN
Address: 5003 RIVERSIDE DR.
City-St-Zip: YANKEETOWN, FL 34498

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: ELEANOR C. M. FEENEY

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date