2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17408

FILED Apr 23, 2009 Secretary of State

Entity Name: FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY INC.

Current Principal Place of Business:

16401 N.W. 37TH AVE
MIAMI GARDENS, FL 33054

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

16401 N.W. 37TH AVE MIAMI GARDENS, FL 33054

FEI Number: 65-0007697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOPER, BRYAN ELLISTON, MARGARET 16401 NW 37 AVE 16401 NW 37 AVE

MIAMI GARDENS, FL 33054 US MIAMI GARDENS, FL 33054 US

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: ELLISTON, MARGAET 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name:TABOR, SARAHName:Address:8633 BRIDLE PATH CT.Address:City-St-Zip:FORT LAUDERDALE, FL 33328City-St-Zip:

Title: TD () Delete Title: D (X) Change () Addition Name: GUTIERREZ, MARTA Name: O'CONNOR, TERRANCE

Address: 16401 NW 37 AVE
City-St-Zip: OPA LOCKA, FL 33054
City-St-Zip: MIAMI GARDENS, FL 33054

Title: STD () Delete Title: () Change () Addition

 Name:
 ELLISTON, MARGARET
 Name:

 Address:
 16401 N.W. 37TH AVE
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33054
 City-St-Zip:

Title: DU () Delete Title: D (X) Change () Addition

 Name:
 COOPER, BRYAN
 Name:
 COOPER, BRYAN

 Address:
 16401 N.W. 37TH AVE
 Address:
 16401 N.W. 37TH AVE

 City-St-Zip:
 MIAMI GARDENS, FL 33054
 City-St-Zip:
 MIAMI GARDENS, FL 33054

Title: D () Delete Title: D (X) Change () Addition

Name: RYAN, THOMAS Name: RAMIREZ, MARIBEL
Address: 435 AUDUROM BLVD. Address: 16401 N.W. 37TH AVE.
City-St-Zip: NEW ORLEANS, LA 70125 City-St-Zip: MIAMI GARDENS, FL 33054

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: MARGARET ELLISTON STD 04/23/2009

Electronic Signature of Signing Officer or Director

Date