

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18474

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE HOKE LIBRARY IN JENSEN BEACH, INC.

**Current Principal Place of Business:**

1150 NW JACK WILLIAMS WAY  
JENSEN BEACH, FL 34957 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 427  
JENSEN BEACH, FL 34958 US

**New Mailing Address:**

**FEI Number:** 59-2822030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEAL, CATHIE H.  
2036 N.E. RIVER COURT  
JENSEN BEACH, FL 33457 US

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

KAY BALCIULIS  
1150 NW JACK WILLIAMS WAY  
JENSEN BEACH, FL 34958 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: KAY BALCIULIS

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TEAL, CATHIE H.  
Address: 2036 N.E. RIVER COURT  
City-St-Zip: JENSEN BEACH, FL 34957

Title: V ( ) Delete  
Name: DOWD, SUZANNE  
Address: 196 NE BLUEBERRY TERRACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: P ( ) Delete  
Name: BURRILE, LINDA  
Address: 421 NW DEWBERRY TERR  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete  
Name: BALCIULIS, KATHLEEN  
Address: 127 COVE VIEW  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: FITZSIMMONS, CONNIE  
Address: 2802 SE CALVIN ST  
City-St-Zip: PORT SAINT 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: P (X) Change ( ) Addition  
Name: BARRILE, LINDA  
Address: 421 NW DEWBERRY TERR  
City-St-Zip: JENSEN BEACH, FL 34957

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: LINDA BARRILE

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date