

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2009
Secretary of State**

DOCUMENT# N18574

Entity Name: FRIENDS OF DELAND PUBLIC LIBRARY, INC.

Current Principal Place of Business:

DELAND AREA PUBLIC LIBRARY
130 E. HOWRY AVE.
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

130 E HOWRY AVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-2883255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOAN M
1141 LAUREL OAK DRIVE
DELAND, FL 32724 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: CACCAMISE, LOUISE
Address: 2875 VALLEY FORGE RD.
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: MALONEY, JORIN
Address: 1141 LAUREL OAK DRIVE
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: TANNA GARTSIDE,
Address: 141 W WISCUNSIN AVE
City-St-Zip: DELAND, FL

Title: D () Delete
Name: PRICE, DOROTHY
Address: 808 S CLARA AVE
City-St-Zip: DELAND, FL 32720

Title: VD () Delete
Name: CROPPER, JOY
Address: 200 LAKE GERTIE RD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: EDWARDS, DALE
Address: 1016 HARTFORD DRIVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MALONEY, JOAN
Address: 1141 LAUREL OAK DRIVE
City-St-Zip: DELAND, FL 32724

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: JOAN M. MALONEY

T

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date