2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90108 021 ****61.25

DOCUMENT # N22929

1. Entity Name
FRIENDS OF LITERACY THROUGH LIBRARIES, INC.

Principal Place of Business	Mailing Address
BROWARD COUNTY MAIN LIBRARY 100 S. ANDREWS, 6TH FLOOR FORT LAUDERDALE, FL 33301 US	BROWARD COUNTY MAIN LIBRARY 100 S. ANDREWS, 6TH FLOOR FORT LAUDERDALE, FL 33301 US

01252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
AAR Library	4631 NW 31 Ave
Suite, Apt. #, etc.: 2650 Sistrunk Blvd Rm 218A	Suite, Apt. #, etc.: #228
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33311 Country: Broward	Zip: 33309 Country: Broward

4. FEI Number: 65-0003795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRADY, SHARRON 739 SW 158 TERRACE PEMBROKE PINES, FL 33027	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharon Frady 5-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RYAN, PETER 6130 NW 34 WAY FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEKLA, NICHOLAS 5132 CHARDONNAY DR CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP V.P. same name	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FREDDY, SHARRON 739 SW 158 TERR PEMBROKE PINES, FL 330275000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Frady, Sharron same address	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARKON, BARBARA 710 SW 88 TERRACE PLANTATION, FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Frady 5-1-08 954-431-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #