## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27274

Address:

City-St-Zip:

14345 SW 39 TERRACE

OCALA, FL 34473

FILED May 08, 2009 Secretary of State

Entity Name: FRIENDS OF THE MARION OAKS PUBLIC LIBRARY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 294 MARION OAKS, LANE OCALA, FL 34473 **Current Mailing Address: New Mailing Address:** 294 MARION OAKS LANE OCALA, FL 34473 FEI Number: 59-2912735 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ST. LAURENT, DORIS M LAMOTTE, CAROLE A 16425 SW 47TH COURT 157 MARION OAKS DR. OCALA, FL 34473 OCALA, FL 34473 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: CAROLE A. LAMOTTE 05/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PANTALEO, ALICE HAIL, BRYAN Name: Name: 262 MARION OAKS COURSE Address: 14345 SW 39TH TERRACE Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: ( ) Delete Title: (X) Change ( ) Addition MCCRAY, MARY Name: HAIL, DEBBIE Name: Address: 506 MARION OAKS DR. Address: 14345 SW 39TH TERRACE City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: () Delete Title: (X) Change ( ) Addition ABRAMSKI, MARGE RAMSAY, FARIDA Name: Name: 4325 SW 139TH PLACE 4501 SW 158TH ST ROAD Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: ( ) Delete Title: () Change () Addition LAMOTTE, CAROLE A Name: Name: 16425 SW 47TH COURT Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RAMSEY, FARIDA MCCRAY, MARY Name: Name: 4501 SW 158TH ST. RD. 506 MARION OAKS DRIVE. Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: ( ) Delete Title: () Change () Addition DEGENRING, ELEANOR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CAROLE A. LAMOTTE TREA 05/08/2009