2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2010
Secretary of State

DOCUMENT# N27274

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

Current Principal Place of Business:

294 MARION OAKS, LANE
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

294 MARION OAKS LANE
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 59-2912735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMOTTE, CAROLE A
16425 SW 47TH COURT
OCALA, FL 34473 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: P
Name: MCCRAY, MARY E
Address: 506 MARION OAKS DRIVE
City-St-Zip: OCALA, FL 34473

Title: VP
Name: SULLIVAN, NANCY
Address: 14875 SW 35TH CIRCLE
City-St-Zip: OCALA, FL 34473

Title: D
Name: BROWN, ANNETTE
Address: 3500 SW 147TH LANE RD
City-St-Zip: OCALA, FL 34473

Title: T
Name: LAMOTTE, CAROLE A
Address: 16425 SW 47TH COURT
City-St-Zip: OCALA, FL 34473

Title: D
Name: ST LAURENT, DORIS
Address: 151 MARION OAKS DRIVE
City-St-Zip: OCALA, FL 34473

Title: S
Name: GRENIER, THERESA
Address: 524 MARION OAKS LANE
City-St-Zip: OCALA, FL 34473

I hereby 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 all other like empowered.

SIGNATURE: CAROLE A. LAMOTTE TREA 03/18/2010

Electronic Signature of Signing Officer or Director Date