

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27609

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH, FLORIDA, INC.

**Current Principal Place of Business:**

15 NORTH M STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

15 NORTH M STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 65-0042661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCMULLEN, MARTHA F  
15 NORTH M STREET  
FRIENDS OF THE LAKE WORTH LIBRARY  
LAKE WORTH, FL 33460 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  
Name: EVANS, JUNE  
Address: 208 S LAKESIDE DR #201  
City-St-Zip: LAKE WORTH, FL 33460

Title: VD  
Name: MCMULLEN, MARTHA  
Address: 71 17TH AVE. S  
City-St-Zip: LAKE WORTH, FL 33460

Title: TD  
Name: FARRELL, JOAN  
Address: 231 S. PALMWAY #8  
City-St-Zip: LAKE WORTH, FL 33460

Title: S  
Name: GOODSTEIN, MAY  
Address: 1717 S 12TH AVE, #E-4  
City-St-Zip: LAKE WORTH, FL 33460

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: MARTHA F MCMULLEN

VP

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date