

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29845

FILED
May 19, 2008
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, INC.

Current Principal Place of Business:

15200 SW ADAMS AVE
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 244
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 65-0089459 **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:

MAGOWAN, GAIL
14663 SW RAKE DR
INDIANTOWN, FL 34956 US

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: VP () Delete
Name: GARDNER, DWANNA
Address: 16209 INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

Title: TD () Delete
Name: GILLESPIE, MARYANN
Address: 16266 SW INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

Title: SD () Delete
Name: LESLIE, NANCY
Address: 16448 TWO WOOD WY
City-St-Zip: INDIANTOWN, FL 34956

Title: PD () Delete
Name: MAGOWAN, GAIL
Address: 14663 SW RAKE DR
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GAIL MAGOWAN

PRES

05/19/2008

Electronic Signature of Signing Officer or Director

Date