

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34484

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** FRIENDS OF THE PALM CITY LIBRARY, INC.

**Current Principal Place of Business:**

2551 SW MATHESON  
PALM CITY, FL

**New Principal Place of Business:**

2551 SW MATHESON  
PALM CITY, FL 34990

**Current Mailing Address:**

P.O. BOX 387  
PALM CITY, FL 34990

**New Mailing Address:**

P.O. BOX 387  
PALM CITY, FL 34991

**FEI Number:** 65-0152767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, HERB  
1724 S W MONARCH CLUB DR  
PALM CITY, FL 34990 US

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

CLARKE, HERB  
1724 SW MONARCH CLUB DR  
PALM CITY, FL 34990 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:

02/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEACON, WILLIAM  
Address: 577 SW RIVERWAY BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete  
Name: CLARKE, HERB  
Address: 1724 SS W MONARCH CLUB DR  
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete  
Name: KELLEY, MONICA  
Address: 2246 SW MAYFLOWER DR  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CLARKE, HERB  
Address: 1724 SW MONARCH CLUB DR  
City-St-Zip: PALM CITY, FL 34990

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: HERB CLARKE

TD

02/14/2008

Electronic Signature of Signing Officer or Director

Date