

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36723

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Entity Name:** THE FRIENDS OF THE PINE ISLAND LIBRARY, INC.

**Current Principal Place of Business:**

BOX 290  
ST. JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 290  
ST. JAMES CITY, FL 33956

**New Mailing Address:**

**FEI Number:** 59-2156500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRANITO, DOLORES  
2961 BOWSPRIT LANE  
SAINT JAMES CITY, FL 33956 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: MORRISON, VICKI  
Address: 5371 BLUE CRAB KEY, M-6  
City-St-Zip: BOKEELIA, FL 33922

Title: TD  
Name: GRANITO, DOLORES  
Address: 2961 BOWSPRIT LANE  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VPD  
Name: WHITESIDE, CECEI  
Address: 3204 8TH AVE  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: SD  
Name: PARLON, PATRICIA  
Address: 5388 MARINA RD., NW  
City-St-Zip: BOKEELIA, FL 33922

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: DOLORES GRANITO

TREA

01/29/2011

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

\_\_\_\_\_  
Date