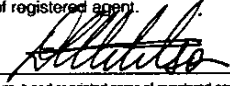
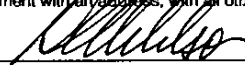


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90387 043 ****70.00

DOCUMENT # N37306 1. Entity Name FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.					
Principal Place of Business 101 LIBRARY BLVD PONTE VEDRA BEACH, FL 32082 US			Mailing Address P.O. BOX 744 PONTE VEDRA BEACH, FL 32004 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2998576	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, DOUGLAS A 5140 BRIDLEWOOD CT PONTE VEDRA BEACH, FL 32082				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 24 Apr 08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YOST, PAT 9 PLAYERS VILLAS PONTE VEDRA BEACH, FL 32082 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gryb, Sandy 112 North Cove Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, DOUGLAS A P.O. BOX 744 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEIN, MARIANNE P.O. BOX 744 PONTE VEDRA BEACH, FL 32004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIALKA, JAN P.O. BOX 744 PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MCALHANY, LIZ PO BOX 744 PONTE VEDRA BEACH, FL 32082 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brazis, Liz PO Box 744 Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 24 Apr 08 DAYTIME PHONE # 904.285-1248 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					