2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N37306

Entity Name: FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.

Current Principal Place of Business:

101 LIBRARY BLVD
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 744
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-2998576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, DOUGLAS A
5140 BRIDLEWOOD CT
PONTE VEDRA BEACH, FL 32082 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: S ( ) Delete
Name: GRYB, SANDY
Address: 112 NORTH COVE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete
Name: WILSON, DOUGLAS A
Address: P.O. BOX 744
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: STEIN, MARIANNE
Address: P.O. BOX 744
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: P ( ) Delete
Name: BIALKA, JAN
Address: P.O. BOX 744
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: BRAZIS, LIZ
Address: PO BOX 744
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: P (X) Change ( ) Addition
Name: DIGENTI, VIC
Address: P.O. BOX 744
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DOUGLAS A WILSON TREA 01/23/2009

Electronic Signature of Signing Officer or Director — Date