2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N39513

Entity Name: FRIENDS OF THE PASCO COUNTY LIBRARY SYSTEM, INC.

Current Principal Place of Business:

8012 LIBRARY ROAD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P O BOX 6118
HUDSON, FL 346746118 US

New Mailing Address:

FEI Number: 59-3040509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIGELOW, KRISTINE
6630 EMBASSY BLVD
SUITE B
PORT RICHEY, FL 34668 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: P ( ) Delete
Name: PATRICIA, VALENTI
Address: 5135 GATO DEL SOL
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: T ( ) Delete
Name: BIGELOW, KRISTINE M
Address: 6630 EMBASSY BLVD SUITE B
City-St-Zip: PORT RICHEY, FL 346684737 US

Title: VP ( ) Delete
Name: THOMPSON, GLEN M
Address: 36637 MISSOURI AVE.
City-St-Zip: DADE CITY, FL 33523

Title: S ( ) Delete
Name: VANACORE, DENISE H
Address: 11335 POSSUM TRAIL
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LORAINE, CORS
Address: 9405 BOLTON AVE
City-St-Zip: HUDSON, FL 34667 US

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: KRISTINE M BIGELOW T 04/28/2008

Electronic Signature of Signing Officer or Director — Date