

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39513

FILED  
Apr 24, 2009  
Secretary of State

**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: LORAIN, CORS  
Address: 9405 BOLTON AVE  
City-St-Zip: HUDSON, FL 34667 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENISE H. VANACORE

S

04/24/2009

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

\_\_\_\_\_  
Date