2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N40185

Entity Name: FRIENDS OF JOHNSON BRANCH LIBRARY, INC.

Current Principal Place of Business:

1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

PO BOX 1061
ST. PETERSBURG, FL 337319998

New Mailing Address:

FEI Number: 59-3035195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712 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: D ( ) Delete
Name: WYNN, SAM
Address: 2396 LYNN LAKE PLACE, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: HAYWARD, BETTY
Address: 5234 9TH STREET, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: PD ( ) Delete
Name: JOHNSON, KEVIN W
Address: 2861 4TH AVENUE
City-St-Zip: ST. PETERSBURG, FL 33712

Title: P (X) Delete
Name: CONEY, ERNIE
Address: 2526 67TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VP (X) Delete
Name: CEASER, EUGENIA T.
Address: PO BOX 3841
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: T (X) Delete
Name: SMITH, JANIS
Address: 2159 DESOTO WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONEY, ERNIE L
Address: 2526 67 TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VP (X) Change ( ) Addition
Name: CEASER, EUGENIA T
Address: 24479 US HWY 19 N #222
City-St-Zip: CLEARWATER, FL 33763

Title: T (X) Change ( ) Addition
Name: SMITH, JANIS
Address: 2159 DESOTO WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ERNIE L CONEY PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date