

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42364

FILED
Feb 17, 2009
Secretary of State

Entity Name: FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

Current Principal Place of Business:

18420 WAYNE RD.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

18420 WAYNE RD.
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-3096374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHELLENBERG, JO
18420 WAYNE RD
ODESSA, FL 33556 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: FUGATE, DIANE
Address: 111 VISTA VERDE 6
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P () Delete
Name: ROBERTSON, MADELLA
Address: 8948 DONNALH DR
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: SCHELLENBERG, JO
Address: 18420 WAYNE RD
City-St-Zip: ODESSA, FL

Title: D () Delete
Name: TERRY, JO
Address: 14511 SUTTER PLACE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: SIEPER, JENNIFER
Address: 16204 TURNBERRY OAK
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: CUCORD, GEORGE
Address: 17608 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

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
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City-St-Zip:

Title: () Change () Addition
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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: JO A. SCHELLENBERG

TREA

02/17/2009

Electronic Signature of Signing Officer or Director

Date