

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47430

FILED
Jan 29, 2009
Secretary of State

Entity Name: THE LIBRARY FOUNDATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

2351 S.E. MONTEREY ROAD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2351 S.E. MONTEREY ROAD
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-0315112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUZANNE HORSTMAN, EXEC. DIR.
THE LIBRARY FOUNDATION OF MARTIN COUNTY
2351 S.E. MONTEREY ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

SUZANNE HORSTMAN, EXEC. DIR.
LIBRARY FOUNDATION OF MARTIN COUNTY
2351 S.E. MONTEREY ROAD
STUART, FL 34996 US

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:

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LAHTI, ELISABETH
Address: 2123 SW SPOONBILL DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: CHRISTIN, JACK J
Address: 6371 THISTLE TERR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: DOWNING, PATRICIA
Address: 322 SE GEORGIA AVE
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: PEARSON, ROBERT
Address: 485 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

Title: T () Delete
Name: CLANCY, LEO
Address: 1419 WINTERS CREEK RD
City-St-Zip: PALM CITY, FL 34990

Title: ED () Delete
Name: HORSTMAN, SUZANNE
Address: 4597 S.E. WINDSOR COURT
City-St-Zip: STUART, FL 34997

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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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: SUZANNE HORSTMAN

MS.

01/29/2009

Electronic Signature of Signing Officer or Director

Date