

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50098

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PARKLAND FRIENDS OF THE LIBRARY, INC.

**Current Principal Place of Business:**

6620 UNIVERSITY DRIVE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6620 UNIVERSITY DRIVE  
PARKLAND, FL 33067

**New Mailing Address:**

FEI Number: 65-0354700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYES, SUSAN L  
6620 UNIVERSITY DRIVE  
PARKLAND, FL 33067      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: CUTLER, KENNETH  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: VP      ( ) Delete  
Name: GOLDMAN, IRA  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: T      ( ) Delete  
Name: BERMAN, FREDRICK  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: P      ( ) Delete  
Name: BIGIO, NATALIE  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: S      ( ) Delete  
Name: SMITH, MABLE  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: D      ( ) Delete  
Name: ZWEIG, HARLENE  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S      (X) Change ( ) Addition  
Name: GOLDMAN, IRA  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SMITH, MABLE  
Address: 6620 UNIVERSITY DRIVE  
City-St-Zip: PARKLAND, FL 33067

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: NATALIE BIGIO

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date