

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50203

FILED
Apr 27, 2009
Secretary of State

Entity Name: FRIENDS OF THE EAU GALLIE LIBRARY, INC.

Current Principal Place of Business:

1521 PINEAPPLE AVENUE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1521 PINEAPPLE AVENUE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3135147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISMAN, SANDRA
2334 GOLF LAKE CIRCLE
#421
MELBOURNE, FL 32935 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: PD () Delete
Name: SPECTOR, MAX
Address: 3082 BLACKBIRD CT
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: LOWE, PHYLLIS
Address: 2166 HEATH RD
City-St-Zip: MELBOURNE, FL 32935

Title: VPD () Delete
Name: KING, VIRGINIA
Address: 2419 APACHEE DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: WEISMAN, SANDRA
Address: 2334 GOLF LAKE CIR., #421
City-St-Zip: MELBOURNE, FL 32935

Title: PP () Delete
Name: CAROL GUNDLE
Address: 1808 HIGHLAND AVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MCMAHON, NANCY
Address: 3544 QUAIL TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: 2VPD (X) Change () Addition
Name: SANDRIDGE, POLLY
Address: 898 AMERICANA BLVD NE
City-St-Zip: PALM BAY, FL 32935

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

Title: SD (X) Change () Addition
Name: SARINO, MARIE
Address: 2076 SANDALWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935

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: SANDRA WEISMAN

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date