2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N92000000629

Entity Name: THE FRIENDS OF THE FORT MYERS BEACH PUBLIC LIBRARY INCORPORATED

Current Principal Place of Business:

2755 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

2755 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 65-0373229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZUMAR, JEANIE M
16590 PATRIDGE PLACE RD #203
FORT MYERS, FL 33908 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:	T	( ) Delete
Name:	ZUMAR, JEANIE	
Address:	16590 PATRIDGE PL RD #203	
City-St-Zip:	FORT MYERS, FL 33908 US	
Title:	VP	( ) Delete
Name:	WILLIAMS, PHYLLIS	
Address:	15361 THORNTON RD.	
City-St-Zip:	FORT MYERS, FL 33908 US	
Title:	VP	( ) Delete
Name:	LACHAPELLE, SYLVIA	
Address:	601 E STORE BLVD	
City-St-Zip:	FT MYERS BEACH, FL 33931 US	
Title:	S	( ) Delete
Name:	MANGAN, ELIZABETH	
Address:	7700 ESTERO BLVD #301	
City-St-Zip:	FORT MYERS BEACH, FL 33931 US	
Title:	P	(X) Delete
Name:	SMITH, KATHLEEN	
Address:	5711 LANDER STREET	
City-St-Zip:	FORT MYERS BEACH, FL 33931 US	
Title:	D	( ) Delete
Name:	COLES, JAMES A	
Address:	6970 KIMBERLY TER SW	
City-St-Zip:	FORT MYERS, FL 33919	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRES	(X) Change ( ) Addition
Name:	SMITH, PAT	
Address:	50 FAIRVIEW BLVD	
City-St-Zip:	FT MYERS BCH, FL 33931 US	
Title:	DIR	(X) Change ( ) Addition
Name:	LANDRY, CAROL ANN	
Address:	4265 BAY BEACH LN, #321	
City-St-Zip:	FT MYERS BEACH, FL 33931 US	
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: PAT SMITH PRES 01/20/2009
Electronic Signature of Signing Officer or Director — Date