

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000187

FILED
Apr 30, 2008
Secretary of State

Entity Name: ARIPEKA PUBLIC LIBRARY, INC.

Current Principal Place of Business:

18834 ROSEMARY ST
ARIPEKA, FL 34679

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 506
ARIPEKA, FL 34679

New Mailing Address:

FEI Number: 59-3168921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORFLEET, NANCY L
3139 GULF DRIVE
ARIPEKA, FL 346790002 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: C () Delete
Name: NORFLEET, NANCY L
Address: 3139 GULF DR
City-St-Zip: ARIPEKA, FL 34679

Title: TD () Delete
Name: BLEVINS, SYLVIA C
Address: 18812 ROSE MARY LN
City-St-Zip: ARIPEKA, FL 34679

Title: S () Delete
Name: DEVINE, DELORES
Address: 18923 ARIPEKA RD
City-St-Zip: ARIPEKA, FL 34679

Title: D () Delete
Name: SLOAN, VERNA M
Address: JEBERT DR
City-St-Zip: ARIPEKA, FL

Title: D () Delete
Name: WHITE, CAROL A
Address: 18930 ARIPEKA RD
City-St-Zip: ARIPEKA, FL 34679

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
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: NANCY L. NORFLEET

CHAR

04/30/2008

Electronic Signature of Signing Officer or Director

Date