# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N93000000187

**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 04/29/2009

Electronic Signature of Signing Officer or Director — Date