

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003580

FILED
May 13, 2009
Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, INC.

Current Principal Place of Business:

4100 S GRAND MARCH AVE
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

4100 S GRAND MARCH AVE
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3204939 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNIFFE, HARRY
184 PINE ST.
HOMOSASSA, FL 34446 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: DP () Delete
Name: ADELAIDE KELLER
Address: 2 CHINKPIN CIR
City-St-Zip: HOMOSASSA, FL

Title: DRS () Delete
Name: MARYANN MCNIFFE
Address: 184 PINE ST
City-St-Zip: HOMOSASSA, FL

Title: DS () Delete
Name: BYRNES, CHERIE
Address: 20 EUGENIA COURT
City-St-Zip: HOMOSASSA, FL 24446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BYRNES, CHERIE
Address: 20 EUGENIA COURT N
City-St-Zip: HOMOSASSA, FL 34446

Title: DRS (X) Change () Addition
Name: MARYANN MCNIFFE
Address: 184 PINE STREET
City-St-Zip: HOMOSASSA, FL

Title: DS (X) Change () Addition
Name: KELLER, ADELAIDE
Address: 2 CHINKPIN CIRCLE
City-St-Zip: HOMOSASSA, FL 24446

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: CHERIE R. BYRNES

DP

05/13/2009

Electronic Signature of Signing Officer or Director

Date