

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001969

FILED
Aug 25, 2008
Secretary of State

Entity Name: THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.

Current Principal Place of Business:

BIG PINE KEY LIBRARY
213 KEY DEER BLVD
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1811
213 KEY DEER BLVD
BIG PINE KEY, FL 330434742 US

New Mailing Address:

FEI Number: 65-0480681 **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:

SEARS, ANN MARIE
1593 LANTANA LANE
BIG PINE KEY, FL 33043 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: P () Delete
Name: SEARS, ANN MARIE
Address: 1593 LANTANA LANE
City-St-Zip: BIG PINE KEY, FL 33043

Title: DS () Delete
Name: SNEDEKER, SHIRLEY
Address: 29678 CONSTITUTION AVE
City-St-Zip: BIG PINE KEY, FL 33043

Title: DT () Delete
Name: CLOSE, RALPH
Address: 151 W. INDIES DR
City-St-Zip: RAMROD KEY, FL 33042

Title: D () Delete
Name: ELDER, JOSEPHINE
Address: 29059 MAGNOLIA DR.
City-St-Zip: BIG PINE KEY, FL 33043

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:

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: RALPH L. CLOSE

DT

08/25/2008

Electronic Signature of Signing Officer or Director

Date