2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N94000002382

Entity Name: FRIENDS OF THE BARTOW PUBLIC LIBRARY, INC.

Current Principal Place of Business:

2150 S BROADWAY AVE
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2150 S BROADWAY AVE
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3270520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNLAP, GEORGE T III
245 SOUTH CENTRAL AVE
BARTOW, FL 33830 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: V ( ) Delete
Name: PERKINS FLOYD,
Address: 2055 S FLORAL AVE. #105
City-St-Zip: BARTOW, FL 33830

Title: P ( ) Delete
Name: HECKERT, FLOYD
Address: 2055 S FLORAL AVE, #156
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: MARCHMAN, EDA
Address: 1625 WALLACE AVE
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete
Name: SEWELL SANDY,
Address: 755 E LEMON ST
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete
Name: HALLOCK, DAVID D
Address: 1355 S ORANGE AVE
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: FRISBIE, ANN
Address: 495 E. SUMMERLINS ST.
City-St-Zip: BARTOW, FL 33830

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:

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: DAVID D HALLOCK MR 01/27/2009
Electronic Signature of Signing Officer or Director — Date