

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003921

FILED
Aug 05, 2007
Secretary of State

Entity Name: FRIENDS OF MID-COUNTY REGIONAL LIBRARY, INC.

Current Principal Place of Business:

2050 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2050 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0519000 **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:

Name and Address of New Registered Agent:

PATTESON, ANGELYN H
2050 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952 US

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: PD () Delete
Name: MCCOMBS, DIANNE
Address: 3907 MADRID CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: NEILL, CECIL
Address: 1063 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD () Delete
Name: THOMS, MARIAN
Address: 2275 AARON ST APT C101
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: FEE, KIMBERELY
Address: 3918 MIDRID COURT
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOMBS, DIANNE M
Address: 3907 MADRID COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BESSIRE, OLIVIA
Address: 2796 AUBURN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD (X) Change () Addition
Name: HEURLIN, KIMBERELY
Address: 3918 MIDRID COURT
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: D () Change (X) Addition
Name: MASTERYANNI, JAN K
Address: 1506 KENMORE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

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: DIANNE MARIE MCCOMBS

PD

08/05/2007

Electronic Signature of Signing Officer or Director

Date