

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003921

FILED  
Feb 05, 2008  
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 ( )**

**Name and Address of Current Registered Agent:**

PATTESON, ANGELYN H  
2050 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952 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: PD ( ) Delete  
Name: MCCOMBS, DIANNE M  
Address: 3907 MADRID COURT  
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: T ( ) Delete  
Name: BESSIRE, OLIVIA  
Address: 2796 AUBURN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

**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: DIANNE MARIE MCCOMBS

PD

02/05/2008

Electronic Signature of Signing Officer or Director

Date