


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90022 043 \*\*\*\*61.25

<b>DOCUMENT # N94000005831</b> 1. Entity Name <b>FRIENDS OF THE ROCKY BLUFF LIBRARY, INC.</b>					
Principal Place of Business <b>7016 US HWY 301 N ELLENTON, FL 34222</b>			Mailing Address <b>7016 US HWY 301 N ELLENTON, FL 34222</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0548294</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KOBERNUSZ, PENELOPE T 2326 LITTLE COUNTRY RD PARRISH, FL 34219</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIROLAMO, SYBLE 3509 LITTLE COUNTRY RD PARRISH, FL 34219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Reed, Jane 2370 Little Country Rd Parrish, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, REBECCA 2012 ISLAND ESTATES DR PARRISH, FL 34219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kratz, Mercedes 3406 Wilderness Blvd E Parrish, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREILING, JUDY 3709 WILDERNESS BLVD. WEST PARRISH, FL 34219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, VIRGINIA 610 RIVERVIEW DR ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, JO ANN 4019 LAUREL WAY ELLENTON, FL 34222	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBERNUSZ, PENELOPE T 2326 LITTLE COUNTRY ROAD PARRISH, FL 34219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KOBERNUSZ, Penelope 2326 Little Country Rd Parrish, FL 34219
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Judith A Kreiling</i> <b>Judith A Kreiling</b>				3-18-08 (941) 776-0144	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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