

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002966

FILED
Feb 24, 2009
Secretary of State

Entity Name: SEBRING FRIENDS OF THE LIBRARY, INC.

Current Principal Place of Business:

117 EAST CENTER STREET
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

117 EAST CENTER STREET
SEBRING, FL 33870

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, ALLYN D
3003 OAKHILL DRIVE
AVON PARK, FL 33825 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: D () Delete
Name: HOLLY, ANN
Address: 1117 DINNER LAKE DR
City-St-Zip: SEBRING, FL 33870

Title: P () Delete
Name: COHEN, DOTTEE
Address: 510 MARAVILLA AVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: LYMAN, NAN
Address: 2317 DAVIS CT
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: BARTHOLOMAN, STANLEY
Address: 3005 OAKHILL DR.
City-St-Zip: AVON PARK, FL 33825

Title: TD () Delete
Name: BARRETT, ALLYN D
Address: 3003 OAKHILL DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: S () Delete
Name: ROBERTS, JUANITA
Address: P O BOX 212
City-St-Zip: LORIDA, FL 33857

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: D (X) Change () Addition
Name: BARTHOLOMEW, SHIRLEY
Address: 3005 OAKHILL DR.
City-St-Zip: AVON PARK, FL 33825

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: ALLYN D. BARRETT

TD

02/24/2009

Electronic Signature of Signing Officer or Director

Date