

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003220

FILED
Jan 23, 2009
Secretary of State

Entity Name: FRIENDS OF THE COOPER MEMORIAL LIBRARY, INC.

Current Principal Place of Business:

821 W MINNEOLA AVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

821 W MINNEOLA AVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3329291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOSE, JOANNE C
3653 KINGSWOOD CT
CLERMONT, FL 34711 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: CLOSE, JOANNE C
Address: 3653 KINGSWOOD CT
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: NEESE, JOYCE
Address: 10516 LAKE HILL DR
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: GROSS, LUCILLE D
Address: 15013 GREEN VALEY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: DODGE, LARRY
Address: 1401 W HIGHWAY 50 #54
City-St-Zip: CLERMONT, FL 34711

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

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: D () Change (X) Addition
Name: HASH, PAT
Address: 442-A VILLAGE CT
City-St-Zip: MINNEOLA, FL 34715

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: LUCILLE D. GROSS

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01/23/2009

Electronic Signature of Signing Officer or Director

Date