2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003242

FILED Jan 08, 2008 Secretary of State

Entity Name: FRIENDS OF THE ROBERT MORGADE LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business: 5851 SE COMMUNITY DRIVE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 5851 SE COMMUNITY DRIVE STUART, FL 34997 FEI Number: 65-0598408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUETENS, ERIC D 381 SW TIMBER TRAIL STUART, FL 34997 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BUETENS, ERIC D Name: Name: 381 SW TIMBER TR Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, EFFIE D Name: Name: Address: 7603 FIELD ST Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition FORD, ANITA Name: SYSTROM, CYNTHIA Name: 5620 SE NORMANDY 5868 SE RIVERBOAT DRIVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 US () Change () Addition Title: () Delete Title: Name: ASSELIN, ELLEN A Name: 5181 SE KINGFISH AVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: DS () Delete Title: () Change () Addition WARNE, LINDA Name: Name: 1536 CYPRESS GLEN WY Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change (X) Addition PETERSEN, GWEN Name: Name: Address: Address: 370 NE EDGEWATER DRIVE, #402 STUART, FL 34996 US City-St-Zip: 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: ERIC BUETENS PRES 01/08/2008