2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# N96000000769

Entity Name: THE SHALIMAR LIBRARY, INC.

Current Principal Place of Business:

#6 TENTH AVE.
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

#6 TENTH AVENUE
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3355810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGERSOLL, WILLIAM
889 SHALIMAR CT.
SHALIMAR, FL 32579 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: FERDON, C.P.
Address: 115 CLIFFORD DR
City-St-Zip: SHALIMAR, FL 32579

Title: DVP ( ) Delete
Name: CREWS, GLORIA
Address: 107 PORT DR.
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete
Name: SPEAR, SIDNEY
Address: 105 LISA MARIE PLACE
City-St-Zip: SHALIMAR, FL 32579

Title: DT ( ) Delete
Name: WALLACE, JEANIE M
Address: 3 ELKWOOD CT.
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete
Name: MACKIN, MARY LOU
Address: 219 SHALIMAR DRIVE
City-St-Zip: SHALIMAR, FL 32579

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: JEANIE M WALLACE MRS 01/13/2008

Electronic Signature of Signing Officer or Director — Date