

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000769

FILED  
Jan 16, 2009  
Secretary of State

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:**

#6 TENTH AVE.  
SHALIMAR, FL 32579

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

DT

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date