

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006178

FILED
Apr 17, 2009
Secretary of State

Entity Name: FRIENDS OF THE PALM SPRINGS LIBRARY, INC.

Current Principal Place of Business:

217 CYPRESS LANE
PALM SPRINGS, FL 334611698

New Principal Place of Business:

Current Mailing Address:

217 CYPRESS LANE
PALM SPRINGS, FL 334611698

New Mailing Address:

FEI Number: 65-0733513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOR, JERRY
217 CYPRESS LANE
PALM SPRINGS, FL 334611698 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: SELF, FLORENCE
Address: 316 POE DR
City-St-Zip: PALM SPRING, FL 33461

Title: DT () Delete
Name: BANNING, JEANETTE
Address: 345 HENTHORNE DR
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: GARDNER, VIRGINIA
Address: 790 LORI DR
City-St-Zip: PALM SPRING, FL 33461

Title: D () Delete
Name: WALTER, KOCH
Address: 224 SPRINGDALE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: DP () Delete
Name: DEVOR, JERRY
Address: 217 CYPRESS LANE
City-St-Zip: PALM SPRINGS, FL 33461

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: JERRY DEVOR

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date