2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N98000000338

Entity Name: FRIENDS OF HILLIARD PUBLIC LIBRARY, INC.

Current Principal Place of Business:

15821 COUNTY ROAD 108
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

15821 COUNTY ROAD 108
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-3488568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOODWIN, J.W.
371058 PAOLE RD
HILLIARD, FL 32046 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: GOOWIN, J. W.
Address: 371058 POOLE ROAD
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete
Name: UNDERWOOD, ALLISON
Address: 37086 SOUTHERN GLEN WAY
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete
Name: BATTEN, EARL
Address: 27533 NEW FRONT STREET, PO BOX 519
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete
Name: WALKER, SHELLY
Address: 1786 THOMPKINS LANDING
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOODWIN, J. W.
Address: 371058 POOLE ROAD
City-St-Zip: HILLIARD, FL 32046

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: ALLISON UNDERWOOD D 08/24/2009
Electronic Signature of Signing Officer or Director — Date