

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000464

FILED
Feb 06, 2009
Secretary of State

Entity Name: FRIENDS OF THE NATURE COAST LAKES REGION LIBRARY, INC.

Current Principal Place of Business:

1511 DRUID ROAD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

1511 DRUID ROAD
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 05-0541872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDRIDGE, PAT
1511 DRUID ROAD
INVERNESS, FL 34452 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: PD () Delete
Name: ELDRIDGE, PAT
Address: 234 N. DUNFIRIES PT
City-St-Zip: INVERNESS, FL 34450

Title: PD () Delete
Name: PRICE, SANDRA
Address: 3293 TYRONE AVE
City-St-Zip: HERNANDO, FL 34442

Title: SD () Delete
Name: WINSLOW, GLENDA
Address: 4167 S. CANTON TERR
City-St-Zip: INVERNESS, FL 34452

Title: TD () Delete
Name: BOCKSKOPF, DONNA
Address: 6317 E SAGE ST
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: LYNNE, BOELE
Address: 6819 S ENTWOOD CT
City-St-Zip: INVERNESS, FL 34453

Title: VPD () Delete
Name: JUDITH, ROSE
Address: 1709E. MONOPOLY LOOP
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEMATH, ERIKA
Address: 304 E. HARVARD STREET
City-St-Zip: INVERNESS, FL 34452

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SUPLEE, JOANN
Address: 222 HERBRIDIES PT
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Change () Addition
Name: LYNNE, BOELE
Address: 1108 WATERVIEW
City-St-Zip: INVERNESS, FL 34450

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: PAT ELDRIDGE

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date