2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N99000003405

Entity Name: FRIENDS OF SEMINOLE LIBRARY, INC.

Current Principal Place of Business:

9200 113TH ST. N
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9200 113TH ST. N
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3073218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYAN, MICHAEL G
9200-113TH ST. N
SEMINOLE, FL 33772 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: MADELYN, LISS
Address: 10823 INDIAN HILLS CT # 30
City-St-Zip: LARGO, FL 33777

Title: VPD ( ) Delete
Name: GOLDBERG, BARBARA
Address: 8396 -111TH ST N # 103
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete
Name: POTTS, JOAN
Address: 8300 SEMINOLE BLVD #143
City-St-Zip: SEMINOLE, FL 33772

Title: TD ( ) Delete
Name: ALLRED, NANCY
Address: 8425-112TH SE N. #110
City-St-Zip: SEMINOLE, FL 33372

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:

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: NANCY ALLRED TREA 01/11/2009
Electronic Signature of Signing Officer or Director — Date