

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12162

Entity Name: FRIENDS OF BARTRAM TRAIL LIBRARY, INC.**Current Principal Place of Business:**60 DAVIS POND BLVD.
FRUIT COVE, FL 32259**Current Mailing Address:**60 DAVIS POND BLVD.
FRUIT COVE, FL 32259**FEI Number: 59-2810354****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARKUS, DAN
60 DAVIS POND BLVD
FRUIT COVE, FL 32259 US*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**Officer/Director Detail :**

Title	PD
Name	TANZLER, NANCY
Address	1047 ANCHOR RD.
City-State-Zip:	SWITZERLAND FL 32259

Title	VD
Name	SULLIVAN, MAUREEN
Address	1045 BUTTERCUP DRIVE
City-State-Zip:	FRUIT COVE FL 32259

Title	TD
Name	RICCIARDELLI, TONY
Address	1957 GROVE BLUFF CIRCLE WEST
City-State-Zip:	ST. JOHNS FL 32259

Title	D
Name	KAMINSKI, DIANE
Address	715 REMINGTON FOREST DR
City-State-Zip:	FRUIT COVE FL 32259

Title	SD
Name	FRIEDERICH, BETHANY
Address	60 DAVIS POND BLVD.
City-State-Zip:	FRUIT COVE FL 32259

Title	D
Name	HOGAN, WANDA
Address	551 ABERDEENSHIRE DR.
City-State-Zip:	FRUIT COVE FL 32259

I hereby 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 all other like empowered.

SIGNATURE: TONY RICCIARDELLI**TREASURER****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date