FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769309 (6)

1. Corporation Name

FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY , INC.

Principal Place of Business	Mailing Address
P O BOX 781313 SEBASTIAN FL 32978	P O BOX 781313 SEBASTIAN FL 32978

3. Date Incorporated or Qualified: 07/11/1983
3a. Date of Last Report: 04/06/1995

4. FEI Number: 59-2325278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 North Indian River County Library	26
22 Suite, Apt. #, etc. 1001 Fellsmere Rd	27 Suite, Apt. #, etc.
23 City & State Sebastian FL	28 City & State
24 Zip 32958 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G.
1327 NORTH CENTRAL AVE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT - Director	☒ Change ☐ Addition
NAME	DERRICK, EILEEN		1.2 NAME	KAMAKARIS, MARGARET	
STREET ADDRESS	825 BARKER STREET		1.3 STREET ADDRESS	821 DOCTOR AVE	
CITY-ST-ZIP	SEBASTIAN FL		1.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PRESIDENT - Director	☒ Change ☐ Addition
NAME	KAMAKARIS, MARGARET		2.2 NAME	MILDRED E. O'CONNOR	
STREET ADDRESS	821 DOCTOR AVE		2.3 STREET ADDRESS	534 S. MIRROR LAKE DRIVE	
CITY-ST-ZIP	SEBASTIAN FL		2.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER - Director	☐ Change ☒ Addition
NAME	O'CONNOR, MILDRED E.		3.2 NAME	MARY L. DRISCOLL	
STREET ADDRESS	534 S MIRROR LAKE DRIVE		3.3 STREET ADDRESS	415 MARK ST.	
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, ELIZABETH		4.2 NAME		
STREET ADDRESS	491 THOMAS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ALICE		5.2 NAME		
STREET ADDRESS	406 PERCH LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	DP 61.25 3/18/96 JR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4-129 SR

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret Kamakaris Margaret Kamakaris 3/14/96 407-589-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #