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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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
NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN FL 32958	NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN FL 32958

3. Date Incorporated or Qualified: 07/11/1983

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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	TD	☒ DELETE	1.1 TITLE	T D	☒ Change ☐ Addition
NAME	DRISCOLL, MARY L		1.2 NAME	Barbara McManus	
STREET ADDRESS	485 MARK ST.		1.3 STREET ADDRESS	13380 Indian River Dr.	
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE	VPD	☒ DELETE	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	OCONNER, MILDRED		2.2 NAME	David Cox	
STREET ADDRESS	534 S MIRROR LAKE DR.		2.3 STREET ADDRESS	9495 Periwinkle Dr.	
CITY-ST-ZIP	SEBASTIAN FL 32958		2.4 CITY-ST-ZIP	Vero Beach, Fl. 32963	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAMAKARIS, MARGARET		3.2 NAME		
STREET ADDRESS	821 DOCTOR AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	O'CONNOR, ELIZABETH		4.2 NAME	Eileen Derrick	
STREET ADDRESS	491 THOMAS ST		4.3 STREET ADDRESS	825 Barker St.	
CITY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP	Sebastian, Fl. 32958	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/13/98 (561)589-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #