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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769309

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2325278 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	SD	☒ Change ☐ Addition
NAME	BARBARA MCMANUS		1.2 NAME	Anne Moutenot	
STREET ADDRESS	13380 INDIAN RIVER DR		1.3 STREET ADDRESS	1597 Esterbrook Ln	
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-ST-ZIP	Sebastian FL 32958	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☒ Addition
NAME	DAVID COX		2.2 NAME	Mary C Mott	
STREET ADDRESS	9495 PERIWINKLE DR		2.3 STREET ADDRESS	544 Rolling Hill Dr.	
CITY-ST-ZIP	VERO BCH FL 32963		2.4 CITY-ST-ZIP	Sebastian FL 32958	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	KAMAKARIS, MARGARET		3.2 NAME	William Mott	
STREET ADDRESS	821 DOCTOR AVE.		3.3 STREET ADDRESS	544 Rolling Hill Dr.	
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4. CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EILEEN DERRICK		4. 2 NAME		
STREET ADDRESS	825 BARKER ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		4.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: William Mott SIGNATURE REQUIRED William Mott 3/9/99 (561) 388-5964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)