# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 06, 2004 8:00 am**
**Secretary of State**
05-06-2004 90167 025 ****61.25

DOCUMENT # 769309

1. Entity Name
FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| NORTH INDIAN RIVER COUNTY LIBRARY<br>1001 FELLSMERE RD.<br>SEBASTIAN, FL 32958 | NORTH INDIAN RIVER COUNTY LIBRARY<br>1001 FELLSMERE RD.<br>SEBASTIAN, FL 32958 |

01092004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MOUTENOT, ANNE<br>1597 ESTERBROOK LN<br>SEBASTIAN, FL 32958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MIQUELON, MARGARET<br>275 ZANE AVENUE<br>SEBASTIAN, FL 32958 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Elizabeth O'Connor<br>491 Thomas St., Sebastian, FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROTHFUSS, ALFRED L<br>6635 52ND AVE<br>VERO BEACH, FL 32967 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HERTLING, GEORGE<br>517 BREAKWATER TERR<br>SEBASTIAN, FL 32958 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP Philip Kautzman<br>1526 Haverford Ln.<br>Sebastian, FL 32958 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ELIZABETH O'CONNOR Elizabeth O'Connor 4/30/04 772-589-4902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #