

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769309

FILED
Jan 04, 2014
Secretary of State
CC5288854789**Entity Name:** FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY,
INC.**Current Principal Place of Business:**1001 SEBASTIAN BLVD
SEBASTIAN, FL 32958**Current Mailing Address:**PO BOX 781313
SEBASTIAN, FL 32978**FEI Number: 59-2716154****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANDEVOORDE, RENE G.
1327 NORTH CENTRAL AVE
SEBASTIAN, FL 32958 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 PRESIDENT
Name WALSH, LYNN
Address 980STARFLOWER AVE
City-State-Zip: SEBASTIAN FL 32958Title TD
Name ROTHFUSS, ALFRED L
Address 6635 52ND AVE
City-State-Zip: VERO BEACH FL 32967Title VP
Name PERRY, LINDA S
Address 421 LAYPORT DRIVE
City-State-Zip: SEBASTIAN FL 32958Title CORRESPONDING SECRETARY
Name JOHNSON, NANCY
Address 917 FRANCISCAN AVE
City-State-Zip: SEBASTIAN FL 32958Title CORRESPONDING SECRETARY
Name WOLSTENHOLME, SHIRLEY
Address 374 CONCHA DRIVE
City-State-Zip: SEBASTIAN FL 32958

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: ALFRED L ROTHFUSS**TREAS****01/04/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date