

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704226

FILED
Jul 08, 2009
Secretary of State

Entity Name: FRIENDS OF THE COCOA BEACH LIBRARY, INC.

Current Principal Place of Business:

550 N. BREVARD AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

550 N. BREVARD AVE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 23-7380568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALOGH, PATRICIA P
442 BRIGHTWATERS DRIVE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

LAMOUREUX, WYNN
418 BRIGHTWATERS DRIVE
COCOA BEACH, FL 32931 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: WYNN LAMOUREUX

07/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, JOANN
Address: 337 DORSET
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: HUBSCHER, EVELYN
Address: 744 S. ORLANDO AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: FVD () Delete
Name: BALOUGH, PATRICIA D
Address: 442 BRIGHTWATERS DR
City-St-Zip: COCOA BEACH, FL 32931

Title: SVD () Delete
Name: LUCAS, DEE
Address: 429 WATTS WAY
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: BATES, RICHARD
Address: 10 BOUGAINVILLEA DR
City-St-Zip: COCOA BEACH, FL 32931

Title: AT () Delete
Name: SNYDER, CAROLE
Address: 119 AVCILA
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LAMOUREUX, WYNN
Address: 418 BRIGHTWATERS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WYNN LAMOUREUX

TD

07/08/2009

Electronic Signature of Signing Officer or Director

Date