

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90047 007 ****61.25

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1. Entity Name

FRIENDS OF THE SATELLITE BEACH LIBRARY, INC.



Principal Place of Business

751 JAMAICA BLVD
SATELLITE BEACH FL 32937

Mailing Address

751 JAMAICA BLVD
SATELLITE BEACH FL 32937

50014044



1st MOORE CR2E037 (10/04)

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

59-2889726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITING, MARIE
139 KINGS WAY
SATELLITE BEACH FL 32937

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	WHITING, MARIE	
STREET ADDRESS	139 KINGS WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	CONNELL, KATHLEEN	
STREET ADDRESS	492 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	MCBREARTY, LINDA	
STREET ADDRESS	642 N. HEDGE COCK SQ.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLACE, BEVERLY	
STREET ADDRESS	451 MALLARD LANE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOONE, BETTY	
STREET ADDRESS	419 POET ROYAL ST.	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME	MAURO, SARA	
STREET ADDRESS	130 MAPLE DR	
CITY-ST-ZIP	SATELLITE BCH FL 32937	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, RUTH	
STREET ADDRESS	485 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	2VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONE, BETTY	
STREET ADDRESS	419 POET ROYAL ST	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JOAN	
STREET ADDRESS	2005 PARKSIDE PLACE	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/05 (32)7799644