

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 004 ****61.25

DOCUMENT # 710625

1. Entity Name

FRIENDS OF THE SATELLITE BEACH LIBRARY, INC.



Principal Place of Business

Mailing Address

751 JAMAICA BLVD
SATELLITE BEACH FL 32937

751 JAMAICA BLVD
SATELLITE BEACH FL 32937

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 WUEST, WILLIAM

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

420 ST. GEORGES CT

City SATELLITE Bch.

FL

Zip Code 32937

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

William Wuest

2-28-07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITING, MARIE 139 KINGS WAY SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP GREENE, RUTH 485 RED SAIL WAY SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WUEST, BILL 420 ST. GEORGES CT SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALLACE, BEVERLY 451 MALLARD LANE SATELLITE BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD NOONE, BETTY 419 POET ROYAL ST. INDIAN HARBOR BCH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAURO, SARA 130 MAPLE DR SATELLITE BCH FL 32937	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP WHITING, MARIE 139 KINGS WAY SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR KUTTAS, HELEN 420 DOVE LANE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. WUEST, BILL 420 ST. GEORGES CT SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP GRISH, GINGER 490 SKY LARK BLVD. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Sara Mauro SARA MAURO 3/1/07 321799644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #