2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90195 029 ****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

1st MOORE CR2E037 (10/07)

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

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
WILLIAM, WUEST 420 ST. GEORGES CT. SATELLITE BEACH FL 32937	Name: WHITING, MARIE Street Address (P.O. Box Number is Not Acceptable): 139 KINGS WAY City: SATELLITE BEACH FL Zip: 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: X Marie B Whiting
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, 2008

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	1VP WHITING, MARIE 139 KINGS WAY SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITING, MARIE 139 KINGS WAY SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUTTAS, HELEN 420 DOVE LANE SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP KUTTAS, HELEN 420 DOVE LN SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WUEST, BILL 420 ST. GEORGES CT SATELLITE BEACH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP GRISH, GINGER 490 SKYLARK BLVD. SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD NOONE, BETTY 419 POET ROYAL ST. INDIAN HARBOR BCH FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECTY. BEVERLY WALLACE 451 MALLARD LANE INDIALANTIC, FL 32903 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAURO, SARA 130 MAPLE DR SATELLITE BCH FL 32937	☐ 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 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 M Mauro 2/17/08 (321)779-9644