

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710625

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

751 JAMAICA BLVD
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

751 JAMAICA BLVD
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2889726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITING, MARIE
139 KINGS WAY
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITING, MARIE
Address: 139 KINGS WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: 1VP () Delete
Name: KUTTAS, HELEN
Address: 420 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: 2VP () Delete
Name: GRISH, GINGER
Address: 490 SKYLARK BLVD.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: WALLACE, BEVERLY
Address: 451 MALLARD LN
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: MAURO, SARA
Address: 130 MAPLE DR
City-St-Zip: SATELLITE BCH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KUTTAS, HELEN
Address: 420 DOVE LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: 1VP (X) Change () Addition
Name: GRISH, GINGER
Address: 490 SKYLARK BLVD.
City-St-Zip: SATELLITE BEACH, FL 32937

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

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

Title: 2VP () Change (X) Addition
Name: LATE, CAROL
Address: 440 WINCHESTER
City-St-Zip: SATELLITE BCH, FL 32937

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: SARA MAURO

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date