

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morriam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 AM 12:27

DOCUMENT # **736415** (1)  
1. Corporation Name  
**INDIAN RIVER COUNTY LIBRARY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1028 20TH PLACE POST OFFICE BOX 1071**  
**VERO BEACH FL 32960 VERO BEACH FL 32960**  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1976** 3a. Date of Last Report **08/22/1994**  
4. FEI Number **59-0919801** Applied For Not Applicable  
5. Certificate of Status Desired  \$**86.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$**5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$**68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**GALVIN, MARY**  
**320 LLYDS LANE**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name **Galvin, Mary**  
82 Street Address (P.O. Box Number is Not Acceptable) **431 Silver Moss Drive, Indian River Shores**  
83  
84 City **Vero Beach** 85 Zip Code **FL 32963**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Henry Fran Galvin, President*  
Signature, typed or printed name of registered agent and title if applicable

DATE **3/21/95**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GALVIN, MARY</b>
STREET ADDRESS	<b>320 LLWYDS LN</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>VDT</b>
NAME	<b>GOFF, TERRY</b>
STREET ADDRESS	<b>1948 16TH AVENUE</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>GREEN, DONNA</b>
STREET ADDRESS	<b>1045 21ST ST.</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Galvin, Mary</b>
13 STREET ADDRESS	<b>431 Silver Moss Drive, Indian River Shores</b>
14 CITY - ST - ZIP	<b>Vero Beach, FL 32963</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry Fran Galvin, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/21/95** (109)970-9184  
Date Telephone #