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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
1020 20TH PLACE
VERO BEACH FL 32960

Mailing Address
POST OFFICE BOX 1071
VERO BEACH FL 32961-1071
US

3. Date Incorporated or Qualified 07/20/1976
3a. Date of Last Report 02/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0919801		Applied For	
21 1600 21st St.		26 Suite, Apt. #, etc.				Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALVIN, MARY
431 SILVER MOSS DR
INDIAN RIVER SHORES
VERO BEACH FL 32963

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GALVIN, MARY	1.2 NAME	
STREET ADDRESS	431 SILVER MOSS DR, INDIAN RIVER SHORES	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VDT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOFF, TERRY	2.2 NAME	
STREET ADDRESS	1946 16TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUCERO, KIM	3.2 NAME	
STREET ADDRESS	3185 MARINERS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 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: Mary Fran Galvin MARY FRAN GALVIN 1/17/97 1-561-831-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020833

CR2E037 (9/96)