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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736415

1. Corporation Name
INDIAN RIVER COUNTY LIBRARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1800 21ST ST VERO BEACH FL 32960 US	POST OFFICE BOX 1071 VERO BEACH FL 32960 US

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

3. Date Incorporated or Qualified: 07/20/1976
4. FEI Number: 59-0919801 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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		
TITLE	VDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOFF, TERRY		2.2 NAME		
STREET ADDRESS	1940 10TH AVENUE, STE C		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SECRETARY - SD	☒ Change ☐ Addition
NAME	LUCERO, KIM		3.2 NAME	LOIS SCHWARTZ	
STREET ADDRESS	3185 MARINERS WAY		3.3 STREET ADDRESS	25 CACHE CAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	INDIAN RIVER SHORES, FL 32963	
TITLE		☐ DELETE	4.1 TITLE	VICE-PRESIDENT - VPD	☐ Change ☒ Addition
NAME			4.2 NAME	RECK NIEBUHR	
STREET ADDRESS			4.3 STREET ADDRESS	436 HOLLY ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	VERO BEACH FL 32963	
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		
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		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MARY FRAN GALVIN 1-561-231-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

mailed copy to state as indicated 3/25/99.

CERTIFIED COPY