2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90033 015 ****61.25

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1. Entity Name
FRIENDS OF INDIAN RIVER COUNTY LIBRARY, INC.

Principal Place of Business	Mailing Address
1600 21ST ST VERO BEACH, FL 32960 US	POST OFFICE BOX 1071 VERO BEACH, FL 32960 US

02272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0919801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALBERT, DOROTHY A
STREET ADDRESS	1851 WEST HAMPTON CT
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	TD
NAME	SCHWARTZ, DENISE K
STREET ADDRESS	~~1460 DRIFTWOOD DR~~ 757 OCEANOAKS SQ SW
CITY-ST-ZIP	VERO BEACH, FL ~~32963~~ 32968
TITLE	D
NAME	LOCHRIDGE, JULIE
STREET ADDRESS	1500 CLUB DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Denise K. Schwartz 3/8/04 (772)567-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #