

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 019 ****61.25

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



Principal Place of Business
**1600 21ST ST
VERO BEACH, FL 32960 US**

Mailing Address
**POST OFFICE BOX 1071
VERO BEACH, FL 32960 US**

50008208



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0919801

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TALBERT, DOROTHY A
1851 WEST HAMPTON CT
VERO BEACH, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SCHWARTZ, DENISE K
757 OCRACOCKE SQ SW.
VERO BEACH, FL 32968**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOCHRIDGE, JULIE
1500 CLUB DRIVE
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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #