

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736415

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** FRIENDS OF INDIAN RIVER COUNTY LIBRARY, INC.

**Current Principal Place of Business:**

1600 21ST ST  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1071  
VERO BEACH, FL 32960 US

**New Mailing Address:**

1933 14TH AVENUE  
VERO BEACH, FL 32960 US

**FEI Number:** 59-0919801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILEY TAX & ACCOUNTING, INC  
1933 14TH AVE  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TALBERT, DOROTHY A  
Address: 1851 WEST HAMPTON CT  
City-St-Zip: VERO BEACH, FL 32966

Title: TD ( ) Delete  
Name: SCHWARTZ, DENISE K  
Address: 757 OCRACOCKE SQ SW.  
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete  
Name: DAWE, JANE  
Address: 485 34TH CT SW  
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: KOTECKI, PATRICIA  
Address: 1411 CLUB DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DAWE, JANE  
Address: 485 34TH CT SW  
City-St-Zip: VERO BEACH, FL 32968

Title: SD ( ) Change (X) Addition  
Name: AITON, CHRIS  
Address: 506 21ST AVENUE  
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE K. SCHWARTZ

TD

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date