

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 009 ****61.25

DOCUMENT # 739925

1. Entity Name

**FRIENDS OF THE NEW SMYRNA BEACH REGIONAL
LIBRARY INC.**



Principal Place of Business

**1001 S DIXIE FWY
NEW SMYRNA BEACH FL 32168
US**

Mailing Address

**1001 S DIXIE FWY
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2504339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWES, SUZAN J
1001 S DIXIE HWY
NEW SYMRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DOWLING, PATRICIA
STREET ADDRESS 48 FORE DR
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VPD ☐ Delete
NAME GRAHER, BETTY
STREET ADDRESS 3700 S ATLANTIC AVE #111
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE CSD ☐ Delete
NAME CESAN, GINNY
STREET ADDRESS 5*ANDREA DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD ☒ Delete
NAME TAYLOR, JIM
STREET ADDRESS 827 EVERGREEN ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME SKOVE, THOMAS
STREET ADDRESS 209 BROMELY CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas M. Skove
THOMAS M. SKOVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

386-423-9144

Daytime Phone #