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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:00

DOCUMENT # 752434 (1)

1. Corporation Name
FRIENDS OF THE LIBRARIES OF PALM BAY, INC.

Principal Place of Business	Mailing Address
1520 PORT MALABAR BLVD. NE. PO BOX 931 PALM BAY FL 32906	1520 PORT MALABAR BLVD. NE. PO BOX 931 PALM BAY FL 32906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2172600 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PORTNOWITZ, PATRICIA
1520 PORT MALABAR BLVD NE.
PALM BAY, FL FL 32905

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	DEGROODT, HELENE	1.2 NAME	
STREET ADDRESS	826 BADGER DR NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, CYNTHIA	2.2 NAME	
STREET ADDRESS	997 EMERSON RD., NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, PAT	3.2 NAME	
STREET ADDRESS	1101 SUNSWEPT RD. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROLLINS, JOHN	4.2 NAME	
STREET ADDRESS	4680-3 LAKE WATERFORD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	GAST, EVELYN	5.2 NAME	
STREET ADDRESS	1646 DAWES ROAD, NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	AHL, MURIEL	6.2 NAME	
STREET ADDRESS	1340 MEADOWBROOK ROAD, NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John F Rollins (JOHN F. ROLLINS) TREASURER 3/6/95 407 723 8810
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038418