

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

05/12/1980

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2172600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME DEGROODT, HELENE
STREET ADDRESS 826 BADGER DR NE
CITY-ST-ZIP PALM BAY FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME SCOTT, CYNTHIA
STREET ADDRESS 997 EMERSON RD., NE
CITY-ST-ZIP PALM BAY FL 32907

21 TITLE ☒ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME HUGHES, PAT
STREET ADDRESS 1101 SUNSWPT RD. NE
CITY-ST-ZIP PALM BAY FL 32905

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME ROLLINS, JOHN
STREET ADDRESS 4680-3 LAKE WATERFORD WAY
CITY-ST-ZIP MELBOURNE FL 32901

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME GAST, EVELYN
STREET ADDRESS 1646 DAWES ROAD, NE
CITY-ST-ZIP PALM BAY FL

51 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME AHL, MURIEL
STREET ADDRESS 1340 MEADOWBROOK ROAD, NE
CITY-ST-ZIP PALM BAY FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN GAST

Date

Daytime Phone #

2/5/96 407/676-5825

CR2E037 (12/95)