FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 28 1998 8:00am
Secretary of State

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~~ 60931 PALM BAY FL 32906

3. Date Incorporated or Qualified: 05/12/1980
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 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 Patricia Portnowitz — January 14, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	VPD	☐	1.1 TITLE		☐	☐
NAME	CORBEIL, CATHY		1.2 NAME			
STREET ADDRESS	798 BOC CIR NW		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐	2.1 TITLE		☐	☐
NAME	GAST, EVELYN		2.2 NAME			
STREET ADDRESS	1646 DAWES ROAD NE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP			
TITLE	SD	☒	3.1 TITLE		☒	☐
NAME	PENDLETON, ADELE		3.2 NAME	Jean Coyne		
STREET ADDRESS	850 BROW COURT NE		3.3 STREET ADDRESS	805 Tetlow Ct. NE		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE	TD	☐	4.1 TITLE		☐	☐
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	Christeen Sullivan	☒	☐
NAME	BRAINARD, NANCY		5.2 NAME	194 Del Mundo St., NW		
STREET ADDRESS	1809 LIVE OAK STREET NE		5.3 STREET ADDRESS	Palm Bay, FL 32907		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP			
TITLE	SD	☐	6.1 TITLE		☐	☐
NAME	SENTNER, FRAN		6.2 NAME			
STREET ADDRESS	1664 SUNNYBROOK LN, K-203, NE		6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL		6.4 CITY-ST-ZIP			

14. 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 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] EVELYN GAST 1/14/98 407/676-5825

CR2E037 (10/97)