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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752434

1. Corporation Name

FRIENDS OF THE LIBRARIES OF PALM BAY, INC.

Principal Place of Business

1520 PORT MALABAR BLVD. NE.
PO BOX 931
PALM BAY FL 32906

Mailing Address

1520 PORT MALABAR BLVD. NE.
PO BOX 931
PALM BAY FL 32906



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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 CORBEIL, CATHY
STREET ADDRESS 798 BOC CIR NW
CITY-ST-ZIP PALM BAY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME COYNE, JEAN
STREET ADDRESS 805 TETLOW CT NE
CITY-ST-ZIP PALM BAY FL 32905

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME SULLIVAN, CHRISTEEN
STREET ADDRESS 194 DEL MUNDO ST, NW
CITY-ST-ZIP PALM BAY FL 32907

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SENTNER, FRAN
STREET ADDRESS 1664 SUNNYBROOK LN, K-203, NE
CITY-ST-ZIP PALM BAY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with all other like empowered.

SIGNATURE:

Patricia Portnowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 1999
Date

Daytime Phone #

CR2E037 (1/98)