

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90055 033 \*\*\*\*61.25

**DOCUMENT # 752434**

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



Principal Place of Business  
1520 PORT MALABAR BLVD. NE.  
PALM BAY, FL 32905

Mailing Address  
P.O. BOX 060931  
PALM BAY, FL 32906

**50005028**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2172600

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME CORBEIL, CATHY  
STREET ADDRESS 798 BOC CIR. NW  
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Delete

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

TITLE PD  
NAME WILLIAMS, NORMA  
STREET ADDRESS 998 BRIARWOOD BLVD NE  
CITY-ST-ZIP PALM BAY, FL 32905 ☐ Delete

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

TITLE VPD  
NAME SENTER, FRAN  
STREET ADDRESS 220 CHARM CT NE  
CITY-ST-ZIP PALM BAY, FL 32905 ☐ Delete

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

TITLE SDD  
NAME COYNE, JEAN  
STREET ADDRESS 805 TETLOW CT. NE  
CITY-ST-ZIP PALM BAY, FL 32905 ☒ Delete

TITLE Beverly Hyden  
NAME 864 Tetlow Ct. N.E.  
STREET ADDRESS Palm Bay, FL 32905 ☒ Change ☐ Addition

TITLE TDD  
NAME HEITSCH, KIM  
STREET ADDRESS 1755 PLANTATION CIR SE  
CITY-ST-ZIP PALM BAY, FL 32909 ☐ Delete

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

TITLE CSD  
NAME CILLIS, ROSE  
STREET ADDRESS 1491 SANDUSKY ST SE  
CITY-ST-ZIP PALM BAY, FL 32909 ☐ Delete

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

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:**

*Kim Heitsch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05  
Date

321-676-5215  
Daytime Phone #