2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 752434

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

Principal Place of Business	Mailing Address
1520 PORT MALABAR BLVD. NE. PALM BAY, FL 32905	P.O. BOX 060931 PALM BAY, FL 32906

DO NOT WRITE IN THIS SPACE

01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2172600

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CORBEIL, CATHY
STREET ADDRESS	798 BOC CIR. NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	PD
NAME	WILLIAMS, NORMA
STREET ADDRESS	998 BRIARWOOD BLVD NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VPD
NAME	SENTER, FRAN
STREET ADDRESS	220 CHARM CT NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	SDD
NAME	HYDEN, BEVERLY
STREET ADDRESS	864 TETLOW COURT NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	TDD
NAME	HEITSCH, KIM
STREET ADDRESS	1755 PLANTATION CIR SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	CSD
NAME	CILLIS, ROSE
STREET ADDRESS	1491 SANDUSKY ST SE
CITY-ST-ZIP	PALM BAY, FL 32909

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02/23/06-80075-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/7/06 321-676-5215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #