

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752434

FILED  
Mar 09, 2008  
Secretary of State

**Entity Name:** FRIENDS OF THE LIBRARIES OF PALM BAY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 060931  
PALM BAY, FL 32906

**New Mailing Address:**

**FEI Number:** 59-2172600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORBEIL, CATHY  
Address: 4300 1ST STREET  
City-St-Zip: GRANT, FL 32949

Title: VPD ( ) Delete  
Name: PELLERIN, NANCY  
Address: 1839 PLANTATION CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

Title: VPD ( ) Delete  
Name: SCHIFF, MARILYN  
Address: 1372 ASHFORD AVE NE  
City-St-Zip: PALM BAY, FL 32907

Title: SDD ( ) Delete  
Name: PERSANS, ANITA  
Address: 856 TAVERNIER CIRCLE SE  
City-St-Zip: PALM BAY, FL 32905

Title: TDD ( ) Delete  
Name: HEITSCH, KIM  
Address: 1755 PLANTATION CIR SE  
City-St-Zip: PALM BAY, FL 32909

Title: CSD ( ) Delete  
Name: CILLIS, ROSE  
Address: 1491 SANDUSKY ST SE  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHIFF, MARILYN  
Address: 1372 ASHFORD AVE. N.E.  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: THORNBERRY, JUDY  
Address: 1859 PLANTATION CIRCLE SE  
City-St-Zip: PALM BAY, FL 32909

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CSD (X) Change ( ) Addition  
Name: CORBEIL, CATHY  
Address: 4300 1ST STREET  
City-St-Zip: GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY HEITSCH

TDD

03/09/2008

Electronic Signature of Signing Officer or Director

Date