

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752434

FILED
Mar 03, 2009
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:

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

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: _____

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: CORBEIL, CATHY
Address: 4300 1ST STREET
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: KIM HEITSCH

TDD

03/03/2009

Electronic Signature of Signing Officer or Director

Date