


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90036 001 \*\*\*\*61.25

<b>DOCUMENT # 769309</b> 1. Entity Name <b>FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY, INC.</b>					
Principal Place of Business <b>NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN, FL 32958</b>			Mailing Address <b>NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN, FL 32958</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2325278</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VANDEVOORDE, RENE G. 1327 NORTH CENTRAL AVE SEBASTIAN, FL 32958</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="float: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOUTENOT, ANNE</b>		NAME		
STREET ADDRESS	<b>1597 ESTERBROOK LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>OCONNOR, ELIZABETH</b>		NAME	<b>P Decker, Christine</b>	
STREET ADDRESS	<b>491 THOMAS ST</b>		STREET ADDRESS	<b>1430 Tradewinds Way</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP	<b>Sebastian FL 32958</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROTHFUSS, ALFRED L.</b>		NAME		
STREET ADDRESS	<b>6635 52ND AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BEACH, FL 32967</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KAUTZMAN, PHILIP</b>		NAME	<b>Craw, Jane</b>	
STREET ADDRESS	<b>1526 HAVERFORD LN</b>		STREET ADDRESS	<b>584 Willow Ct.</b>	
CITY-ST-ZIP	<b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP	<b>Sebastian, FL 32958</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Alfred L. Rothfuss</b> <i>Alfred L. Rothfuss Treas</i> <b>1/18/05 (772) 794-3828</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		