


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90015 045 \*\*\*\*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 <b>1001 Sebastian Blvd. (CR512)</b>		3. Mailing Address <b>P.O. Box 781313</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sebastian, FL</b>		City & State <b>Sebastian FL</b>	
Zip <b>32958</b>	Country	Zip <b>32978</b>	Country
4. FEI Number <b>59-2325278</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VANDEVOORDE, RENE G. 1327 NORTH CENTRAL AVE SEBASTIAN, FL 32958</b>		7. Name and Address of New Registered Agent	
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 _____ <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 Due by May 1, 2006</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 <b>SD</b>	<b>MOUTENOT, ANNE</b> <input checked="" type="checkbox"/> Delete	TITLE <b>SD</b>	<b>Rothfuss, Mary Lou</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1597 ESTERBROOK LN</b>		STREET ADDRESS <b>6635 Sand Ave.</b>	
CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP <b>Vero Beach, FL 32967</b>	
TITLE <b>P</b>	<b>DECKER, CHRISTINE</b> <input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<b>Eggen, Elsie</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1430 TRADEWINDS</b>		STREET ADDRESS <b>391 Orange Ave.</b>	
CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP <b>Sebastian, FL 32958</b>	
TITLE <b>TD</b>	<b>ROTHFUSS, ALFRED L</b> <input type="checkbox"/> Delete	TITLE <b>VP</b>	<b>Lee, Sue</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6635 52ND AVE</b>		STREET ADDRESS <b>801 Foster Ave.</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32967</b>		CITY-ST-ZIP <b>Sebastian, FL 32958</b>	
TITLE <b>VP</b>	<b>CRAW, JANE</b> <input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<b>Kamakaris, Margaret</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>584 WILLOW CT</b>		STREET ADDRESS <b>821 Doctor Ave.</b>	
CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP <b>Sebastian, FL 32958</b>	
TITLE <b>VP</b>	<b>CRAW, JANE</b> <input type="checkbox"/> Delete	TITLE <b>SD</b>	<b>Driscoll, Mary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>584 WILLOW CT</b>		STREET ADDRESS <b>465 Mark Street</b>	
CITY-ST-ZIP <b>SEBASTIAN, FL 32958</b>		CITY-ST-ZIP <b>Sebastian, FL 32958</b>	
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.			
<b>SIGNATURE: Alfred L. Rothfuss, Treas.</b>		<b>Alfred L. Rothfuss</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	