



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 769309</b> 1. Entity Name FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY, INC.	
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Principal Place of Business 1001 SEBASTIAN BLVD SEBASTIAN, FL 32958	Mailing Address PO BOX 781313 SEBASTIAN, FL 32978
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2325278</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

VANDEVOORDE, RENE G.  
1327 NORTH CENTRAL AVE  
SEBASTIAN, FL 32958

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHFUSS, MARY LOU 6635 52ND AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHFUSS, ALFRED L 6635 52ND AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, SUE 801 FOSTER AVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000779055  
01/11/08-80023-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Alfred L. Rothfuss 1/9/2008 (772) 794-3828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #