

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769309

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY, INC.

**Current Principal Place of Business:**

1001 SEBASTIAN BLVD  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 781313  
SEBASTIAN, FL 32978

**New Mailing Address:**

FEI Number: 59-2716154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VANDEVOORDE, RENE G.  
1327 NORTH CENTRAL AVE  
SEBASTIAN, FL 32958      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: ROTHFUSS, MARY LOU  
Address: 6635 52ND AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: TD ( ) Delete  
Name: ROTHFUSS, ALFRED L  
Address: 6635 52ND AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: VP ( ) Delete  
Name: LEE, SUE  
Address: 801 FOSTER AVE  
City-St-Zip: SEBASTIAN, FL 32958

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

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

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

Title: VP (X) Change ( ) Addition  
Name: OCONNOR, ELIZABETH  
Address: 491 THOMAS STREET  
City-St-Zip: SEBASTIAN, FL 32958

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: MARY LOU ROTHFUSS

PD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date