

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769352

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** FRIENDS OF THE NORTH MIAMI PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

NORTH MIAMI PUBLIC LIBRARY  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

NORTH MIAMI PUBLIC LIBRARY  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 59-2394216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SBRISSA, SHARON  
1190 NE 200 TERRACE  
MIAMI, FL 33179 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  
Name: SBRISSA, SHARON  
Address: 1190 NE 200TH TERRACE  
City-St-Zip: N. MIAMI, FL 33179 US

Title: VD  
Name: VOYCE, ROSIE  
Address: 14141 NW 1ST AVE  
City-St-Zip: N MIAMI, FL 33168 US

Title: DT  
Name: POOLE, GAIL M  
Address: 16220 NW 2ND AVE #570  
City-St-Zip: N MIAMI BEACH, FL 33169 US

Title: SD  
Name: STEWART, BARBARA  
Address: 2100 SAN SOUCI BLVD. #902  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: D  
Name: CUBILLAS, EILEEN  
Address: 155NW 123RD ST  
City-St-Zip: NORTH MIAMI, FL 33161 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON SBRISSA

PRES

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date