

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 041 ****61.25

DOCUMENT # N00000008510

1. Entity Name
FRIENDS OF MELBOURNE BEACH LIBRARY, INC.



Principal Place of Business
**710 MAR BRISA COURT
SATELLITE BEACH, FL 32937**

Mailing Address
**PO BOX 510885
MELBOURNE BEACH, FL 32951**

2. Principal Place of Business - No P.O. Box #
324 Ocean Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne Beach, FL

City & State

Zip
32951

Country
USA

Zip

Country

04012007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3661622

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRAZZO, MARIE
710 MAR BRISA COURT
SATELLITE BEACH, FL 32937**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMOES, SUE	
STREET ADDRESS	5845 RIVERSIDE DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMAS, SUSAN	
STREET ADDRESS	751 MALIBU LANE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUKOLSKY, KAREN	
STREET ADDRESS	2130 SOUTH RIVER ROAD	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Marie Strazzo - Marie Strazzo

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/3/07

Date

321-773-2868

Daytime Phone #