## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008510

FILED Apr 10, 2009 Secretary of State

Entity Name: FRIENDS OF MELBOURNE BEACH LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business:

324 OCEAN AVE

MELBOURNE BEACH, FL 32951

Current Mailing Address: New Mailing Address:

PO BOX 510885

MELBOURNE BEACH, FL 32951

**OFFICERS AND DIRECTORS:** 

FEI Number: 59-3661622 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STRAZZO, MARIE SIMOES, SUSAN 710 MAR BRISA COURT 5895 RIVERSIDE DR

SATELLITE BEACH, FL 32937 US MELBOURNE BEACH, FL 32951 US

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.

0.01.47.185

SIGNATURE: SUSAN SIMOES 04/10/2009

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

tle: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name:SIMOES, SUEName:MCCLELLAN, JANEAddress:5845 RIVERSIDE DRIVEAddress:360 SPOONBILL LANE

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 THOMAS, SUSAN
 Name:
 CARNOHAN, SHARON

 Address:
 751 MALIBU LANE
 Address:
 701 S RAMONA AVE

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIALANTIC, FL 32903

Title: TD () Delete Title: () Change () Addition

 Name:
 BAKER, JOANNE
 Name:

 Address:
 2110 SOUTH RIVER ROAD
 Address:

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:

Title: ( ) Delete Title: PD ( ) Change (X) Addition

Name: Name: SIMOES, SUSÁN
Address: Address: 5895 RIVERSIDE DR

City-St-Zip: City-St-Zip: MELBOURNE BEACH, FL 32951

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: JOANNE BAKER TD 04/10/2009