

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90042 029 ****61.25

DOCUMENT # N06000006483					
1. Entity Name FRIENDS OF WEST MELBOURNE PUBLIC LIBRARY, INC.					
Principal Place of Business 2755 WINGATE BLVD W MELBOURNE, FL 32904			Mailing Address 2755 WINGATE BLVD W MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1975918	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DYER, JEAN E 454 FLINTROCK AVE W MELBOURNE, FL 32904		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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DYER, JEAN E STREET ADDRESS 454 FLINTROCK AVE CITY-ST-ZIP W MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Rogers, Diane E. STREET ADDRESS 327 Lake Court CITY-ST-ZIP W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BURGUET, ERMA STREET ADDRESS 650 SHERIDIAN WOODS DR. CITY-ST-ZIP W MELBOURNE, FL 32904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MCDUGALL, LORETTA STREET ADDRESS 1675 DALLAM AVE CITY-ST-ZIP NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Dyer, Jean E. STREET ADDRESS 454 Flintrock Ave CITY-ST-ZIP W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jean E Dyer</u>			4-4-08 (321) 951-0611		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		