### FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N10161

1. Corporation Name

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

Principal Place of Business
ROULETTA GASPARIAN
1320 N PERIWINKLE CIR
BAREFOOT BAY FL 32976
116

Mailing Address

ROULETTA GASPARIAN 1320 N PERIWINKLE CIR BAREFOOT BAY FL 32976

# **FILED** Mar 17, 1999 8:00 am § Secretary of State

03-17-1999 90035 008 \*\*\*\*61.25

\* 2 337937 - 90035 - 8 1 \*



2. Principal Pl	I Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed				
21	26				•	07/11/1985				
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	_ Ap	plied For		
27			ه ـ ــــــــــ			59-2470978	No	t Applicable		
City & State City & State						5. Certificate of Status Desired	\$8.75	Additional		
23						5. Certificate of Status Desired	Fee Re	quired		
Zip				ntry		6. Election Campaign Financing	\$5.00	May Be		
24	25 29 30			Trust Fund Contribution Added to Fees						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name Sayma					
GASPARIAN, ROULETTA				Same.						
				82 Street Address (P.O. Box Number is Not Acceptable)						
1320 N PERIWINKLE CIR										
BAREFOOT BAY FL 32976				83						
				84	City	FI	85 Zip (	Code		
- Na	40 047 0500	1017 4500 Ft-1-1 Ct-1-1	46		-amad -		hanging its	registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Superior project pages of registered agent and title if expolicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
	Signature, typed or printed name of registered agent		tegistered	Agent	signature rec	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12		
12.				n E	r	ADDITIONATOR TO STITUTE TO STITUT	☐ Change	Addition		
TITLE	CS AND	C DELETE	1.1 TITL							
NAME	NOVAK, JANE		1.2 N							
STREET ADDRESS	9650 HIBISCUS AVE		1.3 \$7	REET	ADORESS					
CITY-ST-ZIP	MICCO FL 32976		_	TY-ST	-ZIP		ET 01-1-1	(T)(A.4430		
TITLE	T	☐ DELETE	2.1 TITL				Change	Addition		
NAME	MCGRATH, MARION 2221			2 NAME not T treasurer						
STREET ADDRESS	s 401 S SEAGULL CIR			REET	ADDRESS		•			
CITY-ST-ZIP	BAREFOOT BAY FL 32976			TY-\$1	-ZIP	ميا بال ميا الميالي المالية المناسبة المناسبة المالية				
TITLE	Ť	☐ DELETE	3.1 TI	πE	1	TR (TIRUSTES)	Change	Addition [		
NAME	GRUBE, CAROL			3.2 NAME						
STREET ADDRESS				REET	ADDRESS	TR (TIRUSTES) NOT T treasurer				
CITY-ST-ZIP	BAREFOOT BAY FL 32976		3.4. CITY-ST-ZIP		-ZIP	_				
TITLE	† DELETE			4.1 TITLE			Change	☐ Addition		
NAME	MAKOWSKI, INGRID L		4. 2 N	AME	ļ					
STREET ADDRESS	918 YEW ST				ADDRESS					
	BAREFOOT BAY FL 32976		1	TY-ST						
CITY-ST-ZIP				TLE	- LIF		☐ Change	☐ Addition		
TITLE				ME	Į			_		
NAME	t e e e e e e e e e e e e e e e e e e e				ADORESS					
STREET ADDRESS	1123 W SABAL PALM LANE		1	TY-ST						
CITY-ST-ZIP	BAREFOOT BAY FL 32976	□ DELETE	6,1 TI		-24		Change	Addition		
TITLE	3							L. radiabil		
NAME	PITTS, LESLEY M		6.2 N		**************************************					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	BAREFOOT BAY FL 32976			TY-\$T			£ . 41 - 4 41 - 7			
14 I hereby o	partify that the information supplied wit	h this filing does not qualify for t	he exe	motic	on stated	in Section 119.07(3)(i), Florida Statutes. I further certi	τν that the i	ntormation		

Indexergy certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(5)(f), Frontae supplied with the findicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE ADJYLYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#### **OFFICERS NOT LISTED:**

P ROULETTA GASPARIAN
1320 N. PERIWINKLE CIRCLE PRESIDENT '98 & '99
BAREFOOT BAY, FL 32976

TR BERNADETTE LOESCH
713 E. PERIWINKLE CIR. (NEW) '99
BAREFOOT BAY, FL 32976

HISTORIAN

LILLIAN RICHARDS
526 TARPON DR. (NEW) '99
BAREFOOT BAY, FL 32976