



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90004 021 ****61.25

DOCUMENT # N10161 1. Entity Name FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.			
Principal Place of Business 7921 RON BEATTY BLVD MICCO FL 32976 US		Mailing Address 7921 RON BEATTY BLVD MICCO FL 32976 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1467 Barefoot Circle Suite, Apt. #, etc. Barefoot Bay City & State Florida Zip Country 32976 Brevard	
			
		MOORE CR2E037 (4/04)	
		4. FEI Number 59-2470978 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, JAMES 7921 RON BEATTY BLVD MICCO FL 32976		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By September 8, 2004 <i>8/20/04 CJC ✓ 1513</i>		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 V NAME WELLS, RUTH STREET ADDRESS 1218 CALUSA DR CITY-ST-ZIP BAREFOOT BAY FL 32976	<input checked="" type="checkbox"/> Delete	TITLE S NAME LYNN HARVEY STREET ADDRESS Box 779147 CITY-ST-ZIP Barefoot Bay, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME CARILLION, ROBERT STREET ADDRESS 1218 BAREFOOT CIRCLE CITY-ST-ZIP BAREFOOT BAY FL 32976	<input type="checkbox"/> Delete	TITLE VP NAME FRAN HIGGINSON STREET ADDRESS 5375 HAMMERSTONE CT CITY-ST-ZIP MICCO, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME BARBERI, LIDA STREET ADDRESS 800 SAPODILLA DR CITY-ST-ZIP BAREFOOT BAY FL 32976	<input checked="" type="checkbox"/> Delete	TITLE P NAME KATHLEEN JANSEN STREET ADDRESS 705 OLEANDER CIRCLE CITY-ST-ZIP BAREFOOT BAY, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME RICHARDS, LILLIAN STREET ADDRESS 526 TARRON DR. CITY-ST-ZIP BAREFOOT BAY FL 32976	<input checked="" type="checkbox"/> Delete	TITLE T NAME ROBERT CARILLION STREET ADDRESS 1467 BAREFOOT CIRCLE CITY-ST-ZIP BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME KATHLEEN JANSEN STREET ADDRESS 705 OLEANDER CIRCLE CITY-ST-ZIP BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME FRAN HIGGINSON STREET ADDRESS 5375 HAMMERSTONE CT. CITY-ST-ZIP MICCO, FL 32976	<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 exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>8/20/04</i> Daytime Phone # <i>772-664-0102</i>	