

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 022 ****61.25

DOCUMENT # N50063

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



Principal Place of Business
**MELBOURNE LIBRARY
540 E. FEE AVE
MELBOURNE, FL 32901-4608 US**

Mailing Address
**P.O. BOX 1592
MELBOURNE, FL 32902-1592 US**



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

3. Mailing Address

01252008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6608402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, ALDA D
200 OAK ST
MELBOURNE BEACH, FL 32951**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **PD** ☒ Delete
NAME **BUTLER, ALDA D**
STREET ADDRESS **200 OAK ST.**
CITY-STATE-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **VD** ☒ Delete
NAME **MALLORIS, TRACY**
STREET ADDRESS **1625 ELIZABETH ST**
CITY-STATE-ZIP **MELBOURNE, FL 32901**

TITLE **T** ☐ Delete
NAME **BUTLER, ALDA D**
STREET ADDRESS **200 OAK STREET**
CITY-STATE-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **S** ☒ Delete
NAME **ROBERTS, HELEN**
STREET ADDRESS **3590 EGRET DR**
CITY-STATE-ZIP **MELBOURNE, FL 32901**

TITLE **S** ☐ Delete
NAME **MUSSLER, NELL**
STREET ADDRESS **302 SURF ROAD**
CITY-STATE-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Shenton, Scott**
STREET ADDRESS **2725 N. Hwy. 1A**
CITY-STATE-ZIP **Indialantic, FL 32903**

TITLE **VD** ☒ Change ☐ Addition
NAME **Caruso, Barbara**
STREET ADDRESS **3203 River Winds Ct.**
CITY-STATE-ZIP **Melbourne Beach, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Alda D. Butler Alda D. Butler, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2008 (321) 727-3974

DATE

DAYTIME PHONE #