

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50063

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: FRIENDS OF THE MELBOURNE LIBRARY, INC.

**Current Principal Place of Business:**

MELBOURNE LIBRARY  
540 E. FEE AVE  
MELBOURNE, FL 329014608 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1592  
MELBOURNE, FL 329021592 US

**New Mailing Address:**

FEI Number: 59-6608402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHENTON, SCOTT  
Address: 2725 N HWY A1A  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD ( ) Delete  
Name: CARUSO, BARBARA  
Address: 3203 RIVER WINDS CT  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T ( ) Delete  
Name: BUTLER, ALDA D  
Address: 200 OAK STREET  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S ( ) Delete  
Name: MUSSLER, NELL  
Address: 302 SURF ROAD  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUTLER, ALDA D  
Address: 200 OAK ST  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VD (X) Change ( ) Addition  
Name: CARUSO, BARBARA  
Address: 3203 RIVER WINDS CT  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: T (X) Change ( ) Addition  
Name: BUTLER, ALDA D  
Address: 200 OAK STREET  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: S (X) Change ( ) Addition  
Name: MUSSLER, NELL  
Address: 302 SURF ROAD  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

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: ALDA D BUTLER

PT

02/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date