

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N50203

1. Entity Name

FRIENDS OF THE EAU GALLIE LIBRARY, INC.



Principal Place of Business

1521 PINEAPPLE AVENUE
MELBOURNE, FL 32935

Mailing Address

1521 PINEAPPLE AVENUE
MELBOURNE, FL 32935



03142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3135147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WEISMAN, SANDRA
2334 GOLF LAKE CIRCLE
#421
MELBOURNE, FL 32935

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPECTOR, MAX
STREET ADDRESS	3082 BLACKBIRD CT
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VP
NAME	LOWE, PHYLLIS
STREET ADDRESS	2166 HEATH RD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VPD
NAME	KING, VIRGINIA
STREET ADDRESS	2419 APACHEE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	TD
NAME	WEISMAN, SANDRA
STREET ADDRESS	2334 GOLF LAKE CIR., #421
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	PP
NAME	CAROL GUNDLE
STREET ADDRESS	1808 HIGHLAND AVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000690819
04/12/07-80005-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra Weisman Sandra Weisman 04/03/07 321 2596321