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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006505

1. Corporation Name
FRIENDS OF THE SUNTREE-VIERA PUBLIC LIBRARY, INC

Principal Place of Business	Mailing Address
7200 WICKHAM ROAD MELBOURNE FL 32940	7200 WICKHAM ROAD MELBOURNE FL 32940

2. Principal Place of Business
21 335 PINEDA CT ME
Suite, Apt. #, etc.
22
City & State
23 MELBOURNE FL
Zip 24 32940 Country 25 USA

2a. Mailing Address
26 335 PINEDA CT
Suite, Apt. #, etc.
27
City & State
28 MELBOURNE FL
Zip 29 32940 Country 30 USA

3. Date Incorporated or Qualifed
12/20/1996

4. FEI Number
59-3450139
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KITE-POWELL, RUFUS B
7200 WICKHAM ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name DONALD E. RUSSELL
82 Street Address (P.O. Box Number is Not Acceptable) 335 PINEDA CT
83
84 City MELBOURNE FL 85 Zip Code 32940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, DON 1490 PATRIOT DR MELBOURNE FL 32940	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT RUSSELL, DON 1490 PATRIOT DR MELBOURNE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAULE, JACK 4445 WINDOVER WY MELBOURNE FL 32934	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	FIRST VICE-PRESIDENT KOTZEN, TERRY 274 OAK HAVEN DR. MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINEBERG, ELIZABETH 2679 NOBILITY AVE MELBOURNE FL 32934	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER VAUDO, ANTHONY R. 745 MYRTLEWOOD LN MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS KOSTOFF, DOROTHY 7550 SALINAS CT MELBOURNE FL 32940	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2ND VICE-PRESIDENT DDY HANSEN 125 WOOD SIDE DRIVE MELBOURNE, FL 32940	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FR RUFUS B KITE-POWELL 716 ENDICOTT RD. MELBOURNE FL 32940	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	3RD VICE-PRESIDENT LATIMER, WILLIAM 369 TIMBERLAKE DR MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRANZ, THERESA ROSEN 1456 CRANE CREEK BLVD MELBOURNE FL 32940	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	RECORDING SECRETARY HECKER, CAROLYN 607 WOODBRIDGE DR MELBOURNE, FL 32940	☒ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental 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: Anthony R Vaudo ANTHONY R VAUDO 1/31/99 407-259-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #