2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90230 033 ****61.25

DOCUMENT # N96000006505

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

Principal Place of Business	Mailing Address
902 JORDAN BLASS DR MELBOURNE, FL 32940	902 JORDAN BLASS DR MELBOURNE, FL 32940

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

J00200300

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3450139 ☐ 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
BRADLEY, FRANK 427 TIMBERLAKE MELBOURNE, FL 32940	Name SWATEK, MARGARET Street Address (P.O. Box Number is Not Acceptable) 577 SPRING LAKE RD MELBOURNE City FL Zip Code 32940

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 Margaret H. Swatek Feb. 24, 2005
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADLEY, FRANK 427 TIMBERLAKE MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWATEK, Margaret 577 SPRING LAKE RD MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V SWATET, MARGARET 577 SPRING LAKE RD MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V DIAMICO, Rita 971 Somerset Lane MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD D'AMICO, RITA 971 SOMERSET LANE MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD McGUIRE, VICKKI TAYLOR 1895 FICUS POINT MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP KISS, MARION 165 ETON CIRCLE MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP FRENCH, GAIL 904 SHAW CIRCLE MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS TAYLOR MCGUIRE, VIKKI 1895 FICUS POINT MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS CAIN, CAROLYN 321 SOUTHVIEW CT MELBOURNE, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS JENNINGS, MARGIE 695 NICKLAUS DR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS SHIPP, Phyllis 1555 Ficus Point Melbourne, FL 32940	☒ Change ☐ 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: Margaret H. Swatek Feb 24, 2005 321-255 9168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #