

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90031 018 ****70.00

DOCUMENT # N96000006505						
1. Entity Name FRIENDS OF THE SUNTREE-VIERA PUBLIC LIBRARY, INC.						
Principal Place of Business 902 JORDAN BLASS DR MELBOURNE, FL 32940			Mailing Address 902 JORDAN BLASS DR MELBOURNE, FL 32940			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3450139		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
D'AMICO, RITA 971 SOMERSET LANE MELBOURNE, FL 32940				Name <u>PREVITI, KEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1568 SUN GAZER DRIVE</u> City <u>VIERA</u> FL Zip Code <u>32955</u>		
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 <u>Ken Previti</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>April 18, 2008</u>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME D'AMICO, RITA		<input checked="" type="checkbox"/> Delete	TITLE P	NAME PREVITI, KEN	
STREET ADDRESS 971 SOMERSET LANE			STREET ADDRESS 1568 SUN GAZER DRIVE			
CITY-ST-ZIP MELBOURNE, FL 32940			CITY-ST-ZIP VIERA, FL 32955			
TITLE 1V	NAME PREVITI, KEN		<input checked="" type="checkbox"/> Delete	TITLE V	NAME SHAW, BOBBI	
STREET ADDRESS 1568 GAZER DR			STREET ADDRESS 867 OAKWOOD DRIVE			
CITY-ST-ZIP VIERA, FL 32955			CITY-ST-ZIP MELBOURNE, FL 32940			
TITLE 2V	NAME HAYES, CAROLYN		<input checked="" type="checkbox"/> Delete	TITLE T	NAME SCOTT ESTES, SUZANNE	
STREET ADDRESS 1252 CYPRESS TRACE DR			STREET ADDRESS 930 FOSTORIA DRIVE			
CITY-ST-ZIP MELBOURNE, FL 32940			CITY-ST-ZIP MELBOURNE, FL 32940			
TITLE RS	NAME KAPLAN, SUE		<input checked="" type="checkbox"/> Delete	TITLE RS	NAME MCDONALD, IRENE	
STREET ADDRESS 571 SHELL COVE DR			STREET ADDRESS 5018 ALAMANDA DRIVE			
CITY-ST-ZIP MELBOURNE, FL 32940			CITY-ST-ZIP MELBOURNE, FL 32940			
TITLE CS	NAME PASSMORE, RITA		<input checked="" type="checkbox"/> Delete	TITLE CS	NAME HYDE, CATHERINE	
STREET ADDRESS 853 OAKWOOD DR			STREET ADDRESS 990 VICTORIA PLACE			
CITY-ST-ZIP MELBOURNE, FL 32940			CITY-ST-ZIP MELBOURNE, FL 32940			
TITLE T	NAME THOMPSON, JACKIE		<input checked="" type="checkbox"/> Delete	TITLE P	NAME D'AMICO, RITA	
STREET ADDRESS 851 RIDGE LAKE RD			STREET ADDRESS 971 SOMERSET LANE			
CITY-ST-ZIP MELBOURNE, FL 32940			CITY-ST-ZIP MELBOURNE, FL 32940			
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: <u>Ken Previti</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>April 18, 2008</u>		
Daytime Phone # <u>(321) 514-9359</u>						