

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006505

**Entity Name:** FRIENDS OF THE SUNTREE-VIERA PUBLIC LIBRARY, INC.**Current Principal Place of Business:**902 JORDAN BLASS DR  
MELBOURNE, FL 32940**Current Mailing Address:**902 JORDAN BLASS DR  
MELBOURNE, FL 32940**FEI Number:** 59-3450139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAW, CLYDE C.  
867 OAKWOOD DR.  
MELBOURNE, FL 32940 US*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:** CLYDE C. SHAW

02/25/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MRS.  
Name MINTON, BETTY PRES.  
Address 876 MOORHEN CRT.  
City-State-Zip: VIERA FL 32955

Title MRS.  
Name SHAW, BOBBI 1ST VP  
Address 867 OAKWOOD DR..  
City-State-Zip: MELBOURNE FL 32940

Title MR.  
Name PATWARI, KEN 2ND VP  
Address 3454 GUERRERO DR.  
City-State-Zip: MELBOURNE FL 32940

Title MRS.  
Name MARINO, APRIL CORRESPONDING  
SECRETARY  
Address 862 OAKWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title MR.  
Name SHAW, CLYDE TREASURER  
Address 867 OAKWOOD DR.  
City-State-Zip: MELBOURNE FL 32940

Title MRS.  
Name JAGER, STEPHANIE RECORDING  
SECRETARY  
Address 7196 MENDELL WAY  
City-State-Zip: MELBOURNE FL 32940

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLYDE SHAW

TREASURER

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date