

2014 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

03/26/2014

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	MR.
Name	PATWARI, KEN 2ND VP
Address	3454 GUERRERO DR.
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	SHAW, BOBBI 1ST VP
Address	867 OAKWOOD 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	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 C. SHAW

TREASURER

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date