

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90015 030 ****61.25

DOCUMENT # N93000003580

1. Entity Name

FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, INC.



Principal Place of Business

5530 S MASON CREEK RD
HOMOSASSA FL 34448

Mailing Address

5530 S MASON CREEK RD
HOMOSASSA FL 34448



2. Principal Place of Business - No P.O. Box #

4100 S. Grand March Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

Homosassa, FL

City & State

Same

4. FEI Number

59-3204939

Applied For

Not Applicable

Zip

34446

Country

Citrus County, USA

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Harry Mc Niffe HARRY MCNIFFE

3-13-08

Signature, typed or printed name of registered agent and, if applicable, of

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ADELAIDE KELLER	
STREET ADDRESS	2 CHINKPIN CIR	
CITY- ST- ZIP	HOMOSASSA FL	
TITLE	DRS	<input type="checkbox"/> Delete
NAME	MARYANN MCNIFFE	
STREET ADDRESS	184 PINE ST	
CITY- ST- ZIP	HOMOSASSA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BYRNES, CHERIE	
STREET ADDRESS	20 EUGENIA COURT	
CITY- ST- ZIP	HOMOSASSA FL 24446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Adelaide Keller*

352-362-0219