

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732740

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**6579288303CC**

**Entity Name:** FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM, INC.

**Current Principal Place of Business:**

101 E. CENTRAL BLVD.  
ORLANDO, FL 32801

**Current Mailing Address:**

101 E. CENTRAL BLVD.  
ORLANDO, FL 32801

**FEI Number: 59-1645400**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SULLIVAN, ERIN  
ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS  
101 E CENTRAL BLVD  
ORLANDO, FL 32801 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:** ERIN SULLIVAN

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEHMAN, DAVE  
Address 7345 W. SAND LAKE RD., SUITE 204  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name MCNUTT, IRENE  
Address 201 E PINE STREET #801  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name SUN, ALMEDA  
Address 2457 COACH HOUSE BLVD.  
#2  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name HARVEY, FRED  
Address 322 S. BOYD STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name KOHLER, TOM  
Address 618 EAST SOUTH STREET, SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name LEE, ERICA  
Address 508 SOUTH RANGER BOULEVARD  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name KENNEDY, CATHY M.  
Address 1235 N. LAKE SYBELIA RD  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name FLURY, KATIE  
Address 301 E PINE ST S  
STE 1400  
City-State-Zip: ORLANDO FL 32801

**Continues on page 2**

*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:** ERICA LEE

VP

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GUILLETTE, MARK  
Address 11251 HARBOUR VILLA RD  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name DONOHUE, MICHAEL  
Address 3305 WILSHIRE WAY RD  
City-State-Zip: ORLANDO FL 32829

Title PRESIDENT  
Name STILLMAN, MELISSA  
Address 7708 FORT MCHENRY COURT  
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR  
Name FINDELL, CLARA SUSIE  
Address 615 E FLORIDA ST  
City-State-Zip: ORLANDO FL 32806