

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732740

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC8988449055**

**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

03/06/2018

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 PRESIDENT  
Name LEE, ERICA  
Address 1221 N. MILLS AVE., SUITE B  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name GOLDSTEIN, JOSEPH I.  
Address 201 SOUTH ORANGE AVENUE, STE  
1290  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BOHANNON, CROCKETT  
Address 10501 STONE GLEN DRIVE  
City-State-Zip: WINTER PARK FL 32825

**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

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MACKENZIE, DONNA L.  
Address 150 N ORANGE AVE # 412  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name OSANI, JENISE  
Address 100 W. ANDERSON ST  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name KENNEDY, CATHY M.  
Address 10400 LAKE COTTAGE LANE  
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR  
Name GONZALEZ, WHITNEY  
Address 600 EAST WASHINGTON ST.  
City-State-Zip: ORLANDO FL 32801