

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

DOCUMENT# 744047

**Entity Name:** FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

200 WEST PARK AVENUE  
TALLAHASSEE, FL 32301-7716

**Current Mailing Address:**

200 WEST PARK AVENUE  
TALLAHASSEE, FL 32301-7716 US

**FEI Number:** 59-1896144

**Certificate of Status Desired:** No

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

EVERS, MORGAN M  
200 WEST PARK AVENUE  
TALLAHASSEE, FL 32301-7716 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:** MORGAN M EVERS

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           EVERS, MORGAN M  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301-7716

Title           PRESIDENT  
Name           HARVEY, LISA  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301-7716

Title           SECRETARY  
Name           FRANSEN, LAURA  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301-7716

Title           PRESIDENT-ELECT  
Name           HOWARD, BAILEY  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301-7716

Title           CORRESPONDING SECRETARY  
Name           ORTEGA, ANA  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title           ASSISTANT TREASURER  
Name           MOOD, KIRSTEN  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title           PAST PRESIDENT  
Name           DEHART-GRIGAS, DALE-ANN  
Address        200 WEST PARK AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

*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:** MORGAN MCROBERTS EVERS

**REGISTERED AGENT**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date