

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

DOCUMENT# 745900

**Entity Name:** FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC7002570201****Current Principal Place of Business:**700 FLEMING ST.  
KEY WEST, FL 33040-6828**Current Mailing Address:**1025 FLEMING STREET  
KEY WEST, FL 33040 US**FEI Number: 59-1897084****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLEMENTS, THOMAS  
1025 FLEMING ST.  
KEY WEST, FL 33040 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title        TREASURER, DIRECTOR  
Name        CLEMENTS, THOMAS  
Address     1025 FLEMING  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR  
Name        BRATTON, KATHLEEN  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        PRESIDENT, DIRECTOR  
Name        WILLIAMS, MARSHA  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR  
Name        DRAKE, JOYCE  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR  
Name        GADDIS, JUDITH  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR, SECRETARY  
Name        ISLEIB, ROBERTA  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR  
Name        SCHMIDA, JOANNA  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040Title        DIRECTOR  
Name        TAYLOR, MARY  
Address     1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040**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: THOMAS CLEMENTS****TREASURER****03/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEDDEN, MARK  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR, VP  
Name STRICKLAND, CHARLOTTE  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name GARMENT, JEANE  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name WEEKLEY, EMILY  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name SILVERMAN, FRAN  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name CHURCHILL, PRUDENCE  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name GOLD, ROBERT  
Address 1025 FLEMING STREET  
City-State-Zip: KEY WEST FL 33040