

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745900

Entity Name: FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.**FILED**
Jan 23, 2016
Secretary of State
CC4423071084**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 SECRETARY, DIRECTOR
Name HEINEN, MARNY
Address 1025 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

Title TREASURER, DIRECTOR
Name CLEMENTS, THOMAS
Address 1025 FLEMING
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT, DIRECTOR
Name BRATTON, KATHLEEN
Address 1025 FLEMING STREET
City-State-Zip: KEY WEST FL 33040

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

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

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

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

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

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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****01/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

Title DIRECTOR
Name FRANKE, JENNIFER
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