

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006548

FILED
Apr 03, 2019
Secretary of State
2553158877CC

Entity Name: FRIENDS OF THE NEW PORT RICHEY LIBRARY, INC.

Current Principal Place of Business:

5939 MAIN STREET
NEW PORT RICHEY, FL 34652

Current Mailing Address:

P O BOX 1731
NEW PORT RICHEY, FL 34656-1731 US

FEI Number: 27-0165415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HACKER, BARBARA
5939 MAIN STREET
NEW PORT RICHEY, FL 34652 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: BARBARA HACKER

04/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name LEFEBVRE, JEANNIE
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title DIRECTOR
Name HOOK, JOAN ESQ.
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title PRESIDENT
Name MARTIN, BONNIE
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title VP
Name MIHALL, MARCIA
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title DIRECTOR
Name SEGAL, PETER
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title DIRECTOR
Name SIGNOR, JUDY
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title TREASURER
Name HACKER, BARBARA
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731

Title DIRECTOR
Name FIGART, ANDREA
Address 5939 MAIN STREET
City-State-Zip: NEW PORT RICHEY FL 34652

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: BONNIE MARTIN

PRESIDENT

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOLINARI, ELIZABETH
Address 5939 MAIN STREET
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name PRACE, DAVID
Address P O BOX 1731
City-State-Zip: NEW PORT RICHEY FL 34656-1731