

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006548

**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:**

JONES, PATRICIA  
2513 SEVEN SPRINGS BLVD  
TRINITY, FL 34655 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 TR  
Name JONES, PATRICIA  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY  
Name LEFABVRE, JEANNIE  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP  
Name LANGFORD, BOB  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT  
Name CASEY, CAROL  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name HOOK, JOAN ESQ.  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

*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: PATRICIA JONES**

**TREASURER**

**02/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date