

**2021 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:**

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**

**02/24/2021**

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

Title DIRECTOR  
Name SIGNOR, JUDI  
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

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

**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 M MARTIN**

**PRESIDENT**

**02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, VP  
Name SHERRY, JACKSON  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECCTOR  
Name CONDE, BETTE  
Address 5939 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652