

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000555

**Entity Name:** PATRONS OF APALACHICOLA LIBRARY SOCIETY, INC.**Current Principal Place of Business:**80 12TH STREET  
APALACHICOLA, FL 32320**Current Mailing Address:**P.O. BOX 293  
APALACHICOLA, FL 32329 US**FEI Number:** 35-2356865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, LOWELL  
55 MARKET STREET  
APT 202  
APALACHICOLA, FL 32320 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:** LOWELL THOMAS

04/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            THOMAS, LOWELL  
Address        55 MARKET ST APT 202  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            WINTERRINGER, CELIA  
Address        117 8TH ST.  
City-State-Zip: APALACHICOLA FL 32320

Title            ACTING CHAIR  
Name            THOMAS, JAN  
Address        55 MARKET ST APT 202  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            BISSEN, ELOIS  
Address        123 AVENUE E  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            LENHART, RICHARD  
Address        84 23RD AVE  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            GEDMIN, JANINE  
Address        226 9TH STREET  
City-State-Zip: APALACHICOLA FL 32320

Title            SECRETARY  
Name            PERKINS, ELIZABETH  
Address        100 BAY AVENUE  
City-State-Zip: APALACHICOLA FL 32320

Title            DIRECTOR  
Name            JUSTICE, CONNIE  
Address        430 BLUFF ROAD  
City-State-Zip: APALACHICOLA FL 32320

*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:** LOWELL THOMAS

DIRECTOR

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date