

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000555

Entity Name: PATRONS OF APALACHICOLA LIBRARY SOCIETY, INC.**Current Principal Place of Business:**74-6TH 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:**DAVIS, KIM CPA
171 HIGHWAY 98 WEST
SUITE A
EASTPOINT, FL 32328 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:** KIM DAVIS

03/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DALY, TOM
Address 215 9TH ST.
City-State-Zip: APALACHICOLA FL 32320

Title VP
Name THOMPSON, LINDA
Address 429 BROWNSVILLE RD
City-State-Zip: APALACHICOLA FL 32320

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

Title P
Name FULMER, BONNIE
Address 421 SMITH RD
City-State-Zip: APALACHICOLA FL 32320

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

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

Title D
Name ROBERTSON, TINA
Address 250 PRADO ST
City-State-Zip: APALACHICOLA FL 32320

Title D
Name TAYLOR, SHIRLEY
Address 1120 HICKORY DIP RD
City-State-Zip: EASTPOINT FL 32328

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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: LOWELL D. THOMAS

TREASURER

03/05/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	AMMONS, SHIRLEY
Address	2003 BLUFF RD
City-State-Zip:	APALACHICOLA FL 32320