

2020 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:**ROSENBAUM, JODY
153 BAY AVENUE
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:** JODY ROSENBAUM

04/09/2020

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

Title PRESIDENT
Name ROSENBAUM, JODY
Address 153 BAY AVENUE
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name FINNERAN, CONNIE
Address 121 5TH STREET
City-State-Zip: APALACHICOLA FL 32320

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

Title D
Name TAYLOR, SHIRLEY
Address 126 HICKORY DIP RD
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name GUILD, CAROL
Address 2514 EGRET LANE
City-State-Zip: PORT ST JOE FL 32456

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

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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 THOMAS

TREASURER

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLOGG, BONNIE
Address 57 17TH ST. APT A
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name MCWILLIAMS, LESLIE
Address 65 AVENUE I
City-State-Zip: APALACHICOLA FL 32320