

**2019 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

03/31/2019

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

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

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

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

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

Title           VP  
Name           MILLIKEN, ELIZABETH  
Address        11 9TH STREET  
City-State-Zip: APALACHICOLA FL 32320

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

**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:** LOWELL D. THOMAS

TREASURER

03/31/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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