

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003580

**Entity Name:** FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, INC.**Current Principal Place of Business:**4100 S GRANDMARCH AVENUE  
HOMOSASSA, FL 34446**Current Mailing Address:**P.O. BOX 132  
HOMOSASSA SPRINGS, FL 34447 US**FEI Number: 59-3204939****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRASK, CATHY  
4100 S GRANDMARCH AVENUE  
HOMOSASSA, FL 34446 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: CATHY TRASK****02/22/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TRASK, CATHY  
Address 5171 W. KRISTINA LOOP  
City-State-Zip: LECANTO FL 34461

Title VP  
Name AUWERTER, DEBBIE  
Address 5306 S. RUNNING BROOK DRIVE  
City-State-Zip: HOMOSASSA FL 34448

Title SECRETARY  
Name EHRMAN, LYNDIA  
Address 5109 S. RUNNING BROOK DR.  
City-State-Zip: HOMOSASSA FL 34448

Title TREASURER  
Name JONES, KENNETH  
Address 11 LINDER DRIVE  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name BUDD, VICTORIA  
Address 10 BIGLEAF CT.  
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR  
Name WALDRON, BRUCE  
Address 4149 S. SKYLARK TERRACE  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name GAPCZYNSKI, DIANE  
Address 90 BYRSONIMIA CIRCLE  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name GIBBS, DONNA  
Address 9204 W. FOREST VIEW DR.  
City-State-Zip: HOMOSASSA FL 34448

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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: KENNETH H JONES****TREASURER****02/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEONARD, SHIRLEY  
Address P.O BOX 515  
City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title DIRECTOR  
Name ISAACS, EDWARD  
Address 8 HEMLOCK CT S.  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name GIBSON, JAN  
Address 3845 S. RED EAGLE TER.  
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR  
Name WRIGHT, CATHY  
Address 10 THUNBERGIA  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name ROSE, TINA  
Address 2 SPRUCE PINE CT. N.  
City-State-Zip: HOMOSASSA FL 34446