FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:27

DOCUMENT # 767836 (0)

1. Corporation Name
FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
238 HOWELL AVE BROOKSVILLE FL 34601	238 HOWELL AVE BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1983
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2401288 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BANTA, PHYLLIS
25168 MALVERN ST
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	BANTA, PHYLLIS	12 NAME	Carol Newell	
STREET ADDRESS	25168 MALVERN ST	13 STREET ADDRESS	6379 Alderwood St.	
CITY-ST-ZIP	BROOKSVILLE FL	14 CITY-ST-ZIP	Spring Hill, Fl 34606	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	CONSTANTS, DOROTHY	22 NAME	Hilda Dunn	
STREET ADDRESS	4436 GASTON ST	23 STREET ADDRESS	10457 Laval St.	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	GEENTIENS, ELIZABETH	32 NAME	Deborah Parent	
STREET ADDRESS	2342 ARDENWOOD DRIVE	33 STREET ADDRESS	6391 Evaro Ave.	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	S	41 TITLE	S/D	☒ Change ☒ Addition
NAME	MEAD, HELEN	42 NAME	Jane King	
STREET ADDRESS	9185 NIGARA	43 STREET ADDRESS	4007 Sugarfoot Dr.	
CITY-ST-ZIP	SPRING HILL FL	44 CITY-ST-ZIP	Spring Hill, Fl. 34606	
TITLE	D	51 TITLE	S/D	☒ Change ☒ Addition
NAME	MARTIN, JANE	52 NAME	Alice Infante	
STREET ADDRESS	24000 EPPLEY DRIVE	53 STREET ADDRESS	2077 Escobar Ave	
CITY-ST-ZIP	BROOKSVILLE FL	54 CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	D	61 TITLE	ANNE WHITLOCK/D	☐ Change ☒ Addition
NAME	INFANTE, ALICE	62 NAME		
STREET ADDRESS	2077 ESCOBAR	63 STREET ADDRESS	6535 DELAWARE DR.	
CITY-ST-ZIP	SPRING HILL FL	64 CITY-ST-ZIP	SPRING HILL, FL. 34607	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Parent Deborah Parent 1/22/95 904-596-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065667

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 1995

RECEIVED
FEB 06 1995

FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORIDA, INC
238 HOWELL AVE
BROOKSVILLE, FL 34601

SUBJECT: FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORIDA, INC.
Ref. Number: 767836

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 995A00004419