

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANTA, PHYLLIS
25168 MALVERN ST
BROOKSVILLE FL 34601

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BANTA, PHYLLIS
STREET ADDRESS	25168 MALVERN ST
CITY-STATE-ZIP	BROOKSVILLE FL
TITLE	V
NAME	CONSTANTS, DOROTHY
STREET ADDRESS	4436 GASTON ST
CITY-STATE-ZIP	SPRING HILL FL
TITLE	T
NAME	GEENTIENS, ELIZABETH
STREET ADDRESS	2342 ARDENWOOD DRIVE
CITY-STATE-ZIP	SPRING HILL FL
TITLE	S
NAME	MEAD, HELEN
STREET ADDRESS	9185 NIGARA
CITY-STATE-ZIP	SPRING HILL FL
TITLE	D
NAME	MARTIN, JANE
STREET ADDRESS	24000 EPPLEY DRIVE
CITY-STATE-ZIP	BROOKSVILLE FL
TITLE	D
NAME	INFANTE, ALICE
STREET ADDRESS	2077 ESCOBAR
CITY-STATE-ZIP	SPRING HILL FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Carol Newell	
1.3 STREET ADDRESS	6379 Alderwood St.	
1.4 CITY-STATE-ZIP	Spring Hill, FL 34606	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Hilda Dunn	
2.3 STREET ADDRESS	10457 Laval St.	
2.4 CITY-STATE-ZIP	Spring Hill, FL 34608	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Deborah Parent	
3.3 STREET ADDRESS	6391 Evaro Ave.	
3.4 CITY-STATE-ZIP	Spring Hill, FL 34608	
4.1 TITLE	S/D	☒ Change ☐ Addition
4.2 NAME	Jane King	
4.3 STREET ADDRESS	4007 Sugarfoot Dr.	
4.4 CITY-STATE-ZIP	Spring Hill, FL 34606	
5.1 TITLE	S/D	☐ Change ☒ Addition
5.2 NAME	Alice Infante	
5.3 STREET ADDRESS	2077 Escobar Ave	
5.4 CITY-STATE-ZIP	Spring Hill, FL 34608	
6.1 TITLE	ANNE WHITLOCK/D	☐ Change ☒ Addition
6.2 NAME	6538 DELAWARE DR.	
6.3 STREET ADDRESS	SPRING HILL, FL 34607	
6.4 CITY-STATE-ZIP		

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 110.07(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 017, 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

Division Form 1

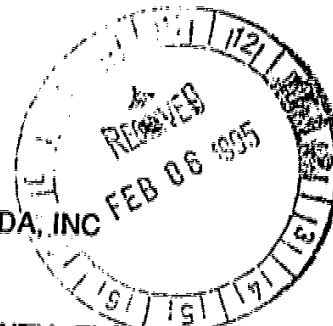


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 2, 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

We are