

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767836 (0)

1. Corporation Name

FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORIDA, INC.



Principal Place of Business

238 HOWELL AVE
BROOKSVILLE FL 34601

Mailing Address

238 HOWELL AVE
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified
04/06/1983

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2401288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 DEBORAH PARENT

82 Street Address (P.O. Box Number is Not Acceptable)
6391 EVARO AVE

83

84 City SPRING HILL

FL

85 Zip Code 34608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Deborah Parent

DEBORAH PARENT

2/6/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NEWELL, CAROL
STREET ADDRESS 6379 ALDERWOOD ST
CITY-ST-ZIP SPRING HILL FL ☒ DELETE

1.1 TITLE PRESIDENT-P ☐ Change ☒ Addition
1.2 NAME JANE KING
1.3 STREET ADDRESS 4007 SUGARFOOT DRIVE
1.4 CITY-ST-ZIP SPRING HILL, FL. 34606-2588

TITLE V
NAME DUNN, HILDA
STREET ADDRESS 10457 LAVAL ST
CITY-ST-ZIP SPRING HILL FL ☒ DELETE

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME EVELYN FREER
2.3 STREET ADDRESS 10595 MARYVILLE ST.
2.4 CITY-ST-ZIP SPRENG HELL, FL. 34608

TITLE T
NAME PARENT, DEBORAH
STREET ADDRESS 6391 EVARO AVE
CITY-ST-ZIP SPRING HILL FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME KING, JANE
STREET ADDRESS 4007 SUGARFOOT DR
CITY-ST-ZIP SPRING HILL FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME INFANTE, ALICE
STREET ADDRESS 2077 ESCOBAR AVE
CITY-ST-ZIP SPRING HILL FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME WHITLOCK, ANNE
STREET ADDRESS 8538 DELAWARE DR
CITY-ST-ZIP SPRING HILL FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

1-352-596-5001

DATE

Daytime Phone #

CR2E037 (12/95)