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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767836

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/06/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2401288

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARENT, DEBORAH
6391 EVARO AVE
SPRING HILL FL 34608

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 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

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 ☐ DELETE

NAME GRENTIENS, ELIZABETH
STREET ADDRESS 2320 ARDENWOOD DR
CITY-ST-ZIP SPRING HILL FL 34609

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME WALTERS, DONALD
STREET ADDRESS 6267 SUNDAY RD
CITY-ST-ZIP SPRING HILL FL 34609

2.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME DEPEW, ELIZABETH
STREET ADDRESS 2434 WORTHINGTON CT
CITY-ST-ZIP SPRING HILL FL 34606

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME INFANTE, ALICE
STREET ADDRESS 2077 ESCOBAR AVE
CITY-ST-ZIP SPRING HILL FL 34608

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

DEBORAH PARENT 1/11/99 352-596-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)