

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 767836

1. Entity 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**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARENT, DEBORAH
6391 EVARO AVE
SPRING HILL, FL 34608**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000182033
01/19/05-80012-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRENTIENS, ELIZABETH 2320 ARDENWOOD DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, CLAIRE 2074 QUAILWOOD LANE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARENT, DEBORAH 6391 EVARO AVE SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEPEW, ELIZABETH 2434 WORTHINGTON CT SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCCI, LOUISE 7522 ST ANDREWS BLVD WEEKIWACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HARE, ALICE 7385 CRESTWOOD DR BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Parent Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05
Date

1-352-596-5001
Daytime Phone #