

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 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**



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GRENTIENS, ELIZABETH
STREET ADDRESS 2320 ARDENWOOD DR
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE V
NAME MCMAHON, CLAIRE
STREET ADDRESS 2074 QUAILWOOD LANE
CITY-ST-ZIP SPRING HILL, FL 34606

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

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

TITLE D
NAME COCCI, LOUISE
STREET ADDRESS 7522 ST ANDREWS BLVD
CITY-ST-ZIP WEEKIWACHEE, FL 34613

TITLE D
NAME O'HARE, ALICE
STREET ADDRESS 7385 CRESTWOOD DR
CITY-ST-ZIP BROOKSVILLE, FL 34613

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01/27/06-80007 002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **DEBORAH PARENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/06 352-596-5001