

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90027 032 ****61.25

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**

60007143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GRENTIENS, ELIZABETH
2320 ARDENWOOD DR
SPRING HILL, FL 34609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MCMAHON, CLAIRE
2074 QUAILWOOD LANE
SPRING HILL, FL 34608** ☐ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Geentiens, Elizabeth
2320 Ardenwood Dr
Spring Hill, FL 34609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

1/24/07 352-596-5001
Date Daytime Phone #