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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:28

DOCUMENT # **N93000003580 (8)**

1. Corporation Name

FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, IN C.

Principal Place of Business	Mailing Address
5264 S. RIVERVIEW CR. HOMOSASSA FL 34448	5264 S. RIVERVIEW CR. HOMOSASSA FL 34448

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3204939 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EATON, EDWARD A
6013 S. SUNCOAST BLVD.
#4
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name: S.J. Price
82 Street Address (P.O. Box Number is Not Acceptable): 5264 S. Riverview Cir
83: Homosassa
84 City: FL 85 Zip Code: 34448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	PRICE, SUSAN	12 NAME	Milgroom, Frances	
STREET ADDRESS	5264 S. RIVERVIEW CR.	13 STREET ADDRESS	9401 W. KINGSTON DR. P.O Box 3552	
CITY-ST-ZIP	HOMOSASSA FL 34448	14 CITY-ST-ZIP	Homosassa, FL 34447 / 34448	
TITLE	DV	21 TITLE	DV	☑ Change ☐ Addition
NAME	GARDINER, JANET	22 NAME	Adams, Barbara	
STREET ADDRESS	4 PINEWOOD GREEN	23 STREET ADDRESS	11309 W. RIVERHAVEN DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	24 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	DS	31 TITLE	DRS	☑ Change ☐ Addition
NAME	WARNER, SUSAN	32 NAME	Keller, Adelaide	
STREET ADDRESS	11606 W RIVERHAVE DR	33 STREET ADDRESS	3 Chinkapin Circle	
CITY-ST-ZIP	HOMOSASSA FL	34 CITY-ST-ZIP	Homosassa, FL 34446	
TITLE	DT	41 TITLE	DT	☐ Change ☐ Addition
NAME	NEUDECKER, RUTH	42 NAME	Neudecker, Ruth	
STREET ADDRESS	5222 S. RIVERVIEW CR.	43 STREET ADDRESS	5222 S. Riverview Circle	
CITY-ST-ZIP	HOMOSASSA FL 34448	44 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE		51 TITLE	DRS	☐ Change ☑ Addition
NAME		52 NAME	Gardiner	
STREET ADDRESS		53 STREET ADDRESS	4 Pinewood Green	
CITY-ST-ZIP		54 CITY-ST-ZIP	Homosassa, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Barbara Adams BARBARA ADAMS 3/22/95 (904)628-5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #