

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003580 (8)**

1. Corporation Name

**FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, INC.**



Principal Place of Business

**5264 S. RIVERVIEW CR.  
HOMOSASSA FL 34448**

Mailing Address

**5264 S. RIVERVIEW CR.  
HOMOSASSA FL 34448**

3. Date Incorporated or Qualified  
**08/05/1993**

3a. Date of Last Report  
**03/29/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, S.J.  
5264 S RIVERVIEW CIR  
HOMOSASSA FL 34448**

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

*Susan J. Price*  
Signature, typed or printed name of registered agent and title if applicable

*Susan J. Price*  
(NOTE: Registered Agent signature required when reinstating)

**3/5/96**  
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MILGROOM, FRANCES  
9401 W KINGSTON DR  
HOMOSASSA FL** ☒ DELETE

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**ADAMS, BARBARA  
11309 W. RIVERHAVEN DR.  
HOMOSASSA FL 34448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
ADAMS, BARBARA  
11309 W RIVERHAVEN DR  
HOMOSASSA FL** ☒ DELETE

2.1 TITLE **DV** ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**RUSSELL, CAROL  
11755 W. FISHERMAN LN.  
HOMOSASSA FL 34448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DRS  
KELLER, ADELAIDE  
3 CHIN KAPIN CIR  
HOMOSASSA FL** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
NEUDECKER, RUTH  
5222 S. RIVERVIEW CR.  
HOMOSASSA FL** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
GARDINER  
4 PINWOOD GREEN  
HOMOSASSA FL** ☒ DELETE

5.1 TITLE **DS** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**PITMARS, NORMA  
11580 W. ROSA CT.  
HOMOSASSA FL 34448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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** **3/6/96 (904) 628-5849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)