

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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, IN
C.

Principal Place of Business

5264 S. RIVERVIEW CR.
HOMOSASSA FL 34448

Mailing Address

5264 S. RIVERVIEW CR.
HOMOSASSA FL 34448-3630

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3204939

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ADAMS, BARBARA
STREET ADDRESS 1309 W RIVERHAVEN DR
CITY-ST-ZIP HOMOSASSA FL ☒ DELETETITLE DV
NAME RUSSELL, CAROL
STREET ADDRESS 11755 W FISHERMAN LN
CITY-ST-ZIP HOMOSASSA FL ☒ DELETETITLE DRS
NAME KELLER, ADELAIDE
STREET ADDRESS 3 CHIN KAPIN CIR
CITY-ST-ZIP HOMOSASSA FL ☒ DELETETITLE DT
NAME NEUDECKER, RUTH
STREET ADDRESS 5222 S. RIVERVIEW CR.
CITY-ST-ZIP HOMOSASSA FL ☐ DELETETITLE DS
NAME ITMARS, NORMA
STREET ADDRESS 11580 W ROSA CT
CITY-ST-ZIP HOMOSASSA FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME ADELAIDE KELLER
1.3 STREET ADDRESS 2 CHINKPIN CIR.
1.4 CITY-ST-ZIP HOMOSASSA, FL 34446 ☒ Change ☐ Addition2.1 TITLE DV
2.2 NAME MONICA MAHONEY
2.3 STREET ADDRESS 7 SWEET WILLIAM CT.
2.4 CITY-ST-ZIP HOMOSASSA, FL 34446 ☐ Change ☒ Addition3.1 TITLE DRS
3.2 NAME MARYANN MCNIFFE
3.3 STREET ADDRESS 184 PINE ST.
3.4 CITY-ST-ZIP HOMOSASSA, FL 34446 ☐ Change ☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 (352) 628-3551
Date Daytime Phone # 0065259

CR2E037 (9/96)