

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

5264 S. RIVERVIEW CR.
HOMOSASSA FL 34448

5264 S. RIVERVIEW CR.
HOMOSASSA FL 34448

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

59-3204939

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

S.J. Price

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

(NOTE: Registered Agent signature required when reinstating)

3/4/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ADELAIDE KELLER
STREET ADDRESS 2 CHINKPIN CIR
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DV
NAME MONICA MAHONEY
STREET ADDRESS 7 SWEET WILLIAM CT
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DRS
NAME MARYANN MCNIFFE
STREET ADDRESS 184 PINE ST
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

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

☐ Change

☐ Addition

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

☒ DELETE

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

☒ Change

☐ Addition

TITLE DS
NAME PITMARS, NORMA
STREET ADDRESS 11580 W ROSA CT
CITY-ST-ZIP HOMOSASSA FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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:

Adelaide Keller *John Price* 352-392-1000

CP2E037 (10/97)