

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90027 024 ****61.25

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1. Entity Name

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



Principal Place of Business

**5530 S MASON CREEK RD
HOMOSASSA FL 34448**

Mailing Address

**5530 S MASON CREEK RD
HOMOSASSA FL 34448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3204939

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

**MAHONEY, JOHN J
7 SWEET WILLIAM COURT
HOMOSASSA FL 34448**

*moved -
resigned*

Name

HARRY McNIFFE

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

184 PINE STREET

City

HOMOSASSA

FL

Zip Code

34446

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

Harry McNiffe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
ADELAIDE KELLER
2 CHINKPIN CIR
HOMOSASSA FL**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
MONICA MAHONEY
7 SWEET WILLIAM CT
HOMOSASSA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**DRS
MARYANN MCNIFFE
184 PINE ST
HOMOSASSA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**DT
KELLER, ROY
2 CHINKAPIN CIRCLE
HOMOSASSA FL 34446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
BYRNES, CHERIE
20 EUGENIA COURT
HOMOSASSA FL 24446**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MAHONEY, JOHN J
7 SWEET WILLIAM COURT
HOMOSASSA FL 34446**

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adelaide O'Neill Keller, President

Date

Daytime Phone #

31

352-38-0219