

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703000

Entity Name: FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENGLEWOOD, INC.**Current Principal Place of Business:**100 W. DEARBORN ST.
ENGLEWOOD, FL 34223**Current Mailing Address:**100 W. DEARBORN ST.
ENGLEWOOD, FL 34223 US**FEI Number: 23-7010217****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, NADINE M
1111 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34223 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	CUTSINGER, RON
Address	1225 MANASOTA BEACH ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	ROBERTS, HENRY
Address	7415 MANASOTA BEACH RD
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	KOURAPIS, CHRISTINE
Address	348 RED ASH CIRCLE
City-State-Zip:	ENGLEWOOD FL 34223

Title	DT
Name	SMITH, NADINE
Address	149 ALGIERS DRIVE
City-State-Zip:	VENICE FL 34293

Title	D
Name	BURKEY, PAT
Address	19 N MANGO ST APT A
City-State-Zip:	ENGLEWOOD FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NADINE SMITH**DT****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date