

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729968

Entity Name: FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.

Current Principal Place of Business:

INDIAN ROCKS BEACH CITY HALL
1507 BAY PALM BLVD
INDIAN ROCKS BEACH, FL 33785

Current Mailing Address:

INDIAN ROCKS BEACH CITY HALL
1507 BAY PALM BLVD
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 23-7418334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLESPIE, C JOSEPH
1507 BAY PALM BLVD
INDIAN ROCKS, FL 33785 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: C JOSEPH GILLESPIE

01/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCOTT, JEAN
Address 420 HARBOR DRIVE S.
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title TREASURER
Name GILLESPIE, JOSEPH
Address 1000 GULF BOULEVARD
 402
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title ASST. TREASURER
Name REECE, JUNE
Address 408 HIDDEN HARBOUR DR
City-State-Zip: IRB FL 33785-3719

Title DIRECTOR
Name MICHELLE, GARDNER
Address 210 HAVEN BEACH CT
City-State-Zip: IRB FL 33785

Title VPRESIDENT
Name GOMES, JULIE
Address 11301
 HARBOR WAY 1741
City-State-Zip: LARGO FL 33774

Title DIRECTOR
Name THOMPSON, GEORGEANN
Address 200 GULF BLVD
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title DIRECTOR
Name NICKLAUS, CATHY
Address 2200 GULF BLVD
 206
City-State-Zip: INDIAN ROCKS BEACH FL 33785

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: C JOSEPH GILLESPIE

TREASURER

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date