

**2024 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

02/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARTER, REBECCA  
Address        INDIAN ROCKS BEACH CITY HALL  
                  1507 BAY PALM BLVD  
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            VPRESIDENT  
Name            DANIELS, DIANE  
Address        INDIAN ROCKS BEACH CITY HALL  
                  1507 BAY PALM BLVD  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title            SECRETARY  
Name            KURT, KAREN  
Address        INDIAN ROCKS BEACH CITY HALL  
                  1507 BAY PALM 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

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date