2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755881

Entity Name: FRIENDS OF THE COASTAL REGION LIBRARY, INC.

FILED Jan 23, 2023 **Secretary of State** 4292832007CC

Current Principal Place of Business:

8619 W. CRYSTAL STREET CRYSTAL RIVER, FL 34429

Current Mailing Address:

8619 W. CRYSTAL STREET CRYSTAL RIVER. FL 34429 US

FEI Number: 59-2075125 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARSON, CAROLE FRIENDS OF THE COASTAL REGION LIBRARY 8619 W. CRYSTAL STREET CRYSTAL RIVER, FL 34429 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: CAROLE CARSON 01/23/2023

> Date Electronic Signature of Registered Agent

> > Title

TREASURER

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY**

Name WEBER, JOSE Name LAVISTA, DOREEN

Address FRIENDS OF THE COASTAL REGION Address 8619 WEST CRYSTAL STREET

LIBRARY

CRYSTAL RIVER FL 34429 City-State-Zip: 8619 W. CRYSTAL STREET

City-State-Zip: CRYSTAL RIVER FL 34429

CARSON, CAROLE Name Title **DIRECTOR**

Address 8619 WEST CRYSTAL STREET Name GRIFFIN, JANICE

CRYSTAL RIVER FL 34429 City-State-Zip: 4130 N. CONCORD DRIVE Address

City-State-Zip: CRYSTAL RIVER FL 34428 Title

Name CARSON, CAROLE Title **DIRECTOR**

8619 W. CRYSTAL STREET Address Name MARKOWITZ, MADELINE City-State-Zip: CRYSTAL RIVER FL 34429 Address 7078 WEST BUCK ROAD

City-State-Zip: CRYSTAL RIVER FL 34428 Title DIRECTOR

Name QUIGLEY, ABBY Title DIRECTOR

Address 11462 W BAYSHORE DR LAVISTA, DOREEN Name

CRYSTAL RIVER FL 34429 City-State-Zip: Address 459 N MICHALEMAS TER

City-State-Zip: CRYSTAL RIVER FL 34429 Continues on page 2

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.

01/23/2023 SIGNATURE: CAROLE CARSON **TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title MEMBER
Name COTE, PHIL

Address 8619 W CRYSTAL STREET
City-State-Zip: CRYSTAL RIVER FL 34429