

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756623

Entity Name: THE MELROSE LIBRARY ASSOCIATION, INC.**Current Principal Place of Business:**312 WYNWOOD
MELROSE, FL 32666**Current Mailing Address:**PO BOX 54
MELROSE, FL 32666 US**FEI Number:** 58-9128802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIESEL, BETTY J
6221 DOGWOOD LANE
MELROSE, FL 32666 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	P
Name	WALKUP, VIRGINIA
Address	127 CYGNET LANE
City-State-Zip:	MELROSE FL 32666

Title	VP
Name	WARD, PATRICK
Address	673 SE 1ST ST.
City-State-Zip:	MELROSE FL 32666

Title	DIRECTOR
Name	BLIZZARD, MAGGIE THRIFT
Address	6022 DOGWOOD L
City-State-Zip:	MELROSE FL 32666

Title	T
Name	GIESEL, BETTY J
Address	6221 DOGWOOD LN
City-State-Zip:	MELROSE FL 32666

Title	SECRETARY
Name	BLOUNT, ANDI
Address	POBOX 981
City-State-Zip:	KEYSTONE HGTS. FL 32656

Title	DIRECTOR
Name	KATHRYN WARREN
Address	PO BOX 26
City-State-Zip:	MELROSE FL 32666

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: BETTY JEAN GIESEL**TREASURER****05/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date