

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007266

Entity Name: FRIENDS OF MARION BAYSINGER MEMORIAL LIBRARY, INC.**Current Principal Place of Business:**756 W BROAD ST
GROVELAND, FL 34736**Current Mailing Address:**756 W BROAD ST
GROVELAND, FL 34736 US**FEI Number: 59-3709756****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAW, JULIA R
250 S. MAIN AVE.
GROVELAND, FL 34736 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	SCHAD, PAULA E
Address	PO BOX 801
City-State-Zip:	GROVELAND FL 34736

Title	SECRETARY
Name	SCHAD, PAULA E
Address	PO BOX 801
City-State-Zip:	GROVELAND FL 34736

Title	BOD
Name	MARQUARD, MARY
Address	16043 WORTHINGTON BLVD
City-State-Zip:	MASCOTTE FL 34753

Title	BOD
Name	KYLE, BARBARA
Address	5639 MARY'S VILLA RD.
City-State-Zip:	GROVELAND FL 34736

Title	VP
Name	SMITH, JAMES
Address	1217 STRATTON AVENUE
City-State-Zip:	GROVELAND FL 34736

Title	T
Name	GUERRERO, KRISTA
Address	1562 SETTING SUN CT
City-State-Zip:	CLERMONT FL 34711

Title	BOD
Name	PADGETT, MARIE
Address	564 EAST MAGNOLIA STREET
City-State-Zip:	GROVELAND FL 34736

Title	BOD
Name	THOMPSON, NORMA
Address	18426 VILLA CITY RD.
City-State-Zip:	GROVELAND FL 34736

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: KRISTA GUERRERO**TREASURER****01/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date