

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008425

**Entity Name:** FRIENDS OF THE PACE AREA LIBRARY, INC.

**Current Principal Place of Business:**

4750 PACE PATRIOT BLVD  
FRIENDS OF PACE AREA LIBRARY  
PACE, FL 32571

**Current Mailing Address:**

4391 HWY. 90  
#124  
PACE, FL 32571

**FEI Number: 37-1433140**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEWART, DANIEL  
3895 HWY. 90  
PACE, FL 32571 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 D  
Name TWARKINS, TOM  
Address 4932 WOODBINE RD.  
City-State-Zip: PACE FL 32571

Title D  
Name LYLE, MARTHA  
Address 4101 BAY FRONT TERRACE  
City-State-Zip: PACE FL 32571

Title SEC  
Name WATSON, PAT  
Address 5679 ENGLISH TURN DR.  
City-State-Zip: PACE FL 32571

Title VP  
Name RICHARDSON, JENNIFER  
Address 3309 GLENEAGLES DR  
City-State-Zip: PACE FL 32571

Title TREA  
Name TWARKINS, FERRY N  
Address 4932 WOODBINE RD.  
City-State-Zip: PACE FL 32571

Title PRESIDENT  
Name YARRINGTON, MARY JANE  
Address 3275 COBBLESTONE DR.  
City-State-Zip: PACE FL 32571

*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: FERRY N TWARKINS**

**TREASURER**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date