

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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:**4750 PACE PATRIOT BLVD.
PACE, FL 32571 US**FEI Number: 37-1433140****Certificate of Status Desired:** Yes**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:** DANIEL STEWART**02/08/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHULERT, DONNA
Address 2840 TUNNEL RD
City-State-Zip: PACE FL 32571

Title SECRETARY
Name CALLENDER, ANN
Address 5780 TAMARACK DR.
City-State-Zip: PACE FL 32571

Title VP
Name NORRIS, KURT
Address 5981 SHIMMERING PINES ST.
City-State-Zip: PACE FL 32571

Title TREASURER
Name CHAPMAN, LYNN
Address 5225 ROWE TRAIL
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name CUNNINGHAM, SARAH
Address 2541 RENFROE RD.
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name CLAUSEN, JACKIE
Address 4735 RIDGE POINT DR.
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name GORR, DIANE
Address 3178 AUGUSTA DR.
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name TWARKINS, TOM
Address 4932 WOODBINE RD
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: DONNA SCHULERT**PRESIDENT****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date