

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006458

Entity Name: FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.**Current Principal Place of Business:**425 W. ROOSEVELT BLVD
BEVERLY HILLS, FL 34465**Current Mailing Address:**425 W. ROOSEVELT BLVD
BEVERLY HILLS, FL 34465 US**FEI Number: 59-3746194****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SLASKA, KAREN
3550 N INDIANHEAD RD
HERNANDO, FL 34442 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: KAREN SLASKA****02/01/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PRICE , SANDY
Address 1138 SHORT LINE WAY
City-State-Zip: INVERNESS FL 34453

Title VP
Name GENOVA, JANET
Address 4560 N WEBSTER ISLAND TERRACE
City-State-Zip: HERNANDO FL 34442

Title SECRETARY
Name SLASKA, KAREN
Address 3550 N INDIANHEAD RD
City-State-Zip: HERNANDO FL 34442

Title TREASURER
Name STAVIS, ELLEN
Address 136 N DUNDEE WAY
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name HUNTER, JOANNE
Address 1675 N ARKANSAS TERRACE
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR
Name CARSON, CAROLE
Address 2111 NW 17TH ST.
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name THOMPSON, SHARON
Address 7386 S DUVAL ISLAND DR.
City-State-Zip: FLORAL CITY FL 34436

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: KAREN SLASKA**SECRETARY****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date