

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006458

Entity Name: FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.**Current Principal Place of Business:**2415 N. FLORIDA AVENUE
HERNANDO, FL 34442**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:**ALEXANDER, JO ANN
8504 E. GLASGOW PLACE
INVERNESS, FL 34450-1714 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 PRESIDENT
Name PRICE , SANDY
Address 1138 SHORT LINE WAY
City-State-Zip: INVERNESS FL 34453

Title VP
Name MONTANA, MARGE A
Address 6176 N CANYON DRIVE
City-State-Zip: BEVERLY HILLS FL 34465

Title SECRETARY
Name WINES, LUCY ANN
Address 6161 N MISTY OAK TERRACE
City-State-Zip: BEVERLY HILLS FL 34465

Title TREASURER
Name ALEXANDER, JO ANN
Address 8504 E GLASGLOW PLACE
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 ROBEY, KATHY
Address 10265 W. SPRINGTREE LANE
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name PETERS, PHYLLIS
Address 9210 S MOUNTAIN LAKE AVE
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: LUCY ANN WINES**SECRETARY****04/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date