2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2018
Secretary of State
CC9654818885

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	SLASKA, KAREN
Address	3550 INDIANHEAD RD
City-State-Zip:	HERNANDO FL 34442

Title	SECRETARY
Name	IVERSEN, KAREN A
Address	PO BOX 820
City-State-Zip:	LECANTO FL 34460

Title	TREASURER
Name	ALEXANDER, JO ANN
Address	8504 E GLASGOW PL
City-State-Zip:	INVERNESS FL 34450-1714

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

Title	DIRECTOR
Name	SHEPARD, AUDREY
Address	333 N GOLF HARBOR PATH
City-State-Zip:	INVERNESS FL 34450

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: KAREN SLASKA PRESIDENT 01/27/2018

Electronic Signature of Signing Officer/Director Detail — Date