

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000849

Entity Name: FRIENDS OF THE NICEVILLE PUBLIC LIBRARY, INC.**Current Principal Place of Business:**206 N PARTIN DR
NICEVILLE, FL 32578**Current Mailing Address:**206 N PARTIN DR
NICEVILLE, FL 32578**FEI Number:** 20-5465457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINNIS, C. JEFFREY
909 MAR WALT DR
STE 1014
FT WALTON BEACH, FL 32547-6711 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	MCINNIS, C. JEFFREY
Address	909 MAR WALT DR - STE 1014
City-State-Zip:	FT WALTON BEACH FL 32547

Title	D
Name	WRIGHT, RUDY
Address	124 CANTERBURY CIRCLE
City-State-Zip:	NICEVILLE FL 32578

Title	D
Name	BISHOP, SHEILA
Address	206 PARTIN DRIVE NORTH
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	BYRNE, BEVERLY
Address	1449 BAYSHORE DRIVE
City-State-Zip:	NICEVILLE FL 32578

Title	VP
Name	FLOYD, GARRETT
Address	606 KILCULLEN DRIVE
City-State-Zip:	NICEVILLE FL 32578

Title	TREASURER
Name	JOURDAN, HEATHER B
Address	4502 HIGHWAY 20 EAST SUITE A
City-State-Zip:	NICEVILLE FL 32578

Title	PRESIDENT
Name	SLAMAN, AMY
Address	1904 OAK AVENUE
City-State-Zip:	NICEVILLE FL 32578

Title	SECRETARY
Name	MORRELL, VENITA
Address	1700 INGRID COURT
City-State-Zip:	NICEVILLE FL 32578

Continues on page 2

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: JESSICA LONGORIA**DIRECTOR****02/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENDERSON, JANICE
Address 824 MAGNOLIA SHORES DRIVE
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name LONGORIA, JESSICA
Address 206 PARTIN DRIVE N
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name WENDT, KIM
Address 313 BISCAYNE LANE
City-State-Zip: NICEVILLE FL 32578