

2016 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	BRUNSON, TRICIA
Address	1055 E JOHN SIMS PKWY
City-State-Zip:	NICEVILLE FL 32578
Title	D
Name	MCINNIS, C. JEFFREY
Address	909 MAR WALT DR - STE 1014
City-State-Zip:	FT WALTON BEACH FL 32547
Title	D
Name	SPENCE, REBECCA
Address	1405-A BAYSHORE DRIVE
City-State-Zip:	NICEVILLE FL 32578
Title	D
Name	WRIGHT, RUDY
Address	124 CANTERBURY CIRCLE
City-State-Zip:	NICEVILLE FL 32578

Title	D
Name	RILEY, JUDY B
Address	1501 BAYSHORE DR
City-State-Zip:	NICEVILLE FL 32578
Title	D
Name	BURGER, LISA
Address	4451 WOODBRIDGE ROAD
City-State-Zip:	NICEVILLE FL 32578
Title	D
Name	JACKSON, SCOTT
Address	1655 S. FERDON BLVD
City-State-Zip:	CRESTVIEW FL 32536
Title	D
Name	BISHOP, SHEILA
Address	206 PARTIN DRIVE NORTH
City-State-Zip:	NICEVILLE FL 32578

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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: SHEILA BISHOP**DIRECTOR****01/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BRUNSON, JENNI
Address 2190 HWY 85 NORTH
City-State-Zip: NICEVILLE FL 32578

Title D
Name DOWDEN, DAVID
Address 4502 E HWY 20
City-State-Zip: NICEVILLE FL 32578

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

Title D
Name HUDSON, MARTHA
Address 106 - H WATER STREET
City-State-Zip: FORT WALTON BEACH FL 32548

Title D
Name CORBIN, LANNIE L.
Address 208 PARTIN DRIVE NORTH
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name MCNEESE, STATIA
Address 2408 MARTIN DRIVE
City-State-Zip: NICEVILLE FL 32578