

2019 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 RILEY, JUDY B
Address 1501 BAYSHORE DR
City-State-Zip: NICEVILLE FL 32578Title D
Name JACKSON, SCOTT
Address 282 WAVA AVENUE
City-State-Zip: NICEVILLE FL 32578Title D
Name BISHOP, SHEILA
Address 206 PARTIN DRIVE NORTH
City-State-Zip: NICEVILLE FL 32578Title D
Name HUDSON, MARTHA
Address 106 - H WATER STREET
City-State-Zip: FORT WALTON BEACH FL 32548Title D
Name MCINNIS, C. JEFFREY
Address 909 MAR WALT DR - STE 1014
City-State-Zip: FT WALTON BEACH FL 32547Title D
Name WRIGHT, RUDY
Address 124 CANTERBURY CIRCLE
City-State-Zip: NICEVILLE FL 32578Title PRESIDENT
Name BRUNSON, JENNI
Address 2190 HWY 85 NORTH
City-State-Zip: NICEVILLE FL 32578Title D
Name CORBIN, LANNIE L.
Address 208 PARTIN DRIVE NORTH
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: SHEILA BISHOP**DIRECTOR****03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name ARPKE, EILEEN
Address 4143 CALLAWAY DRIVE
City-State-Zip: NICEVILLE FL 32578

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

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

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

Title D
Name JAMES, ANNABELLE
Address 102 LITTLE JOHN COURT
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