

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000555

Entity Name: PATRONS OF APALACHICOLA LIBRARY SOCIETY, INC.**Current Principal Place of Business:**80 12TH STREET
APALACHICOLA, FL 32320**Current Mailing Address:**P.O. BOX 293
APALACHICOLA, FL 32329 US**FEI Number:** 35-2356865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELIZABETH, PERKINS
55 MARKET STREET
APT 202
APALACHICOLA, FL 32320 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:** ELIZABETH PERKINS

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WINTERRINGER, CELIA
Address 117 8TH ST.
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name BISSEN, ELOIS
Address 123 AVENUE E
City-State-Zip: APALACHICOLA FL 32320

Title TREASURER
Name LENHART, RICHARD
Address 64 23RD AVE
City-State-Zip: APALACHICOLA FL 32320

Title DEPUTY DIRECTOR
Name GEDMIN, JANINE
Address 226 9TH STREET
City-State-Zip: APALACHICOLA FL 32320

Title CHAIRMAN
Name PERKINS, ELIZABETH
Address 100 BAY AVENUE
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name JUSTICE, CONNIE
Address 430 BLUFF ROAD
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name GOLGOWSKI, GREG
Address 1 25TH AVENUE
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name LEWIS, BONNIE LOU
Address 361 20TH STREET
City-State-Zip: APALACHICOLA FL 32320

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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: ELIZABETH PERKINS**REGISTERED AGENT**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MOUNT-SIMMONS, ELINOR
Address	317 EARL KING ST
City-State-Zip:	APALACHICOLA FL 32320