

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002091

Entity Name: FRIENDS OF SOUTHWEST REGIONAL LIBRARY INC.**Current Principal Place of Business:**16835 SHERIDAN STREET
PEMBROKE PINES, FL 33331**Current Mailing Address:**16835 SHERIDAN STREET
PEMBROKE PINES, FL 33331 US**FEI Number:** 47-4648091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAUFFMANN, JOANNE L
16835 SHERIDAN STREET
PEMBROKE PINES, FL 33331 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:** JOANNE L. KAUFFMANN

04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name LEIGH, ROXANNE
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title TREASURER/DIRECTOR
Name KAUFFMANN, JOANNE L
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title VICE PRESIDENT/DIRECTOR
Name SATIN, JUDI
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title SECRETARY/DIRECTOR
Name JOHNSON, NANCY
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title DIRECTOR
Name ROBLEDO, CAROLE
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title DIRECTOR
Name SULLIVAN, JANICE
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title DIRECTOR
Name JOHNSON, JUANITA G
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title DIRECTOR
Name HARRINGTON, JOYCE
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

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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: JOANNE L KAUFFMANN**TREASURER**

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZAVASH, DOLORES
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331

Title DIRECTOR
Name BEECHER, INES
Address 16835 SHERIDAN STREET
City-State-Zip: PEMBROKE PINES FL 33331