## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010494

Entity Name: FRIENDS OF THE ZEPHYRHILLS PUBLIC LIBRARY, INC.

**FILED** May 01, 2024 **Secretary of State** 8822611744CC

Date

## **Current Principal Place of Business:**

5347 EIGHTH STREET ZEPHYRHILLS. FL 33542

## **Current Mailing Address:**

5347 EIGHTH STREET ZEPHYRHILLS. FL 33542 US

FEI Number: 83-2080378 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MESSICK, SAMUEL 5347 EIGHTH STREET ZEPHYRHILLS, FL 33542 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: SAMUEL MESSICK 05/01/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title **TREASURER** Title VΡ

MESSICK, SAMUEL Name **GUTHRIE, BRIDGET** Name

39954 SUNBURST DRIVE Address 35818 LAKESHORE DRIVE Address

City-State-Zip: DADE CITY FL 33525 DADE CITY FL 33525 City-State-Zip:

Title **PRESIDENT** Title **SECRETARY** 

Name WESTERVELT, LYNNE QUILLEN, KAREN Name Address 38525 FERM CIRCLE Address 8509 HAMSTER DRIVE ZEPHYRHILLS FL 33540 City-State-Zip:

Title MEMBER AT LARGE SNYDER, ROBIN Name 7103 CHENKIN RD Address

ZEPHYRHILLS FL 33540

City-State-Zip: ZEPHYRHILLS FL 33540

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.

05/01/2024 SIGNATURE: SAMUEL MESSICK **TREASURER**