

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010746

Entity Name: FRIENDS OF THE EAST MANATEE LIBRARY AT LAKEWOOD RANCH, INC.**FILED**
Jan 11, 2021
Secretary of State
1446586387CC**Current Principal Place of Business:**13405 SWIFTWATER WAY
LAKEWOOD RANCH, FL 34211**Current Mailing Address:**PO BOX 110221
LAKEWOOD RANCH, FL 34211 US**FEI Number: 83-2152443****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MILLER, SUE ANN DR.
13405 SWIFTWATER WAY
LAKEWOOD RANCH, FL 34211 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	P	Title	BOARD MEMBER, SECRETARY
Name	MILLER, SUE ANN DR.	Name	NEGRYCZ, REGINA
Address	13405 SWIFTWATER WAY	Address	PO BOX 110221
City-State-Zip:	LAKEWOOD RANCH FL 34211	City-State-Zip:	LAKEWOOD RANCH FL 34211
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	BAUMANN, ALICE	Name	DUJARDIN, MICHELLE
Address	PO BOX 110221	Address	PO BOX 110221
City-State-Zip:	LAKEWOOD RANCH FL 34211	City-State-Zip:	LAKEWOOD RANCH FL 34211
Title	BOARD MEMBER	Title	TREASURER
Name	VAN DER SOMMEN, SUSAN	Name	WEST, JIM
Address	PO BOX 110221	Address	PO BOX 110221
City-State-Zip:	LAKEWOOD RANCH FL 34211	City-State-Zip:	LAKEWOOD RANCH FL 34211
Title	BOARD		
Name	FARMER, CONNIE		
Address	PO BOX 110221		
City-State-Zip:	LAKEWOOD RANCH FL 34211		

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: SUE ANN MILLER, ED. D.**PRESIDENT****01/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date