

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N93000003580

Entity Name: FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, INC.

Current Principal Place of Business:

4100 S GRANDMARCH AVENUE
HOMOSASSA, FL 34446

Current Mailing Address:

P.O. BOX 132
HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 59-3204939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRASK, CATHERINE
4100 S GRANDMARCH AVENUE
HOMOSASSA, FL 34446 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: CATHERINE TRASK

05/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TRASK, CATHERINE
Address	5171 W. KRISTINA LOOP
City-State-Zip:	LECANTO FL 34461
Title	SECRETARY
Name	EHRMAN, LYNDA
Address	5109 S. RUNNING BROOK DR.
City-State-Zip:	HOMOSASSA FL 34448
Title	DIRECTOR
Name	BUDD, VICTORIA
Address	10 BIGLEAF CT.
City-State-Zip:	HOMOSASSA FL 34448
Title	DIRECTOR
Name	GAPCZYNSKI, DIANE
Address	90 BYRSONIMIA CIRCLE
City-State-Zip:	HOMOSASSA FL 34446

Title	VP
Name	AUWERTER, DEBBIE
Address	5306 S. RUNNING BROOK DRIVE
City-State-Zip:	HOMOSASSA FL 34448
Title	DIRECTOR
Name	JONES, KENNETH
Address	11 LINDER DRIVE
City-State-Zip:	HOMOSASSA FL 34446
Title	DIRECTOR
Name	HAGSTROM, ROSE
Address	4149 S. SKYLARK TERRACE
City-State-Zip:	HOMOSASSA FL 34446
Title	TREASURER
Name	GIBBS, DONNA
Address	9204 W. FOREST VIEW DR.
City-State-Zip:	HOMOSASSA FL 34448

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: KENNETH H JONES

05/20/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEONARD, SHIRLEY
Address P.O BOX 515
City-State-Zip: HOMOSASSA SPRINGS FL 34447

Title DIRECTOR
Name ISAACS, EDWARD
Address 8 HEMLOCK CT S.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name GIBSON, JAN
Address 3845 S. RED EAGLE TER.
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name ESTLE, JENNY
Address 5202 S. STETSON PT DR.
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name DELANEY, JANE
Address 4660 S. GATOR LOOP
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name COREY, MARJORIE
Address 8581 W. PEACOCK CT
City-State-Zip: HOMOSASSA FL 34448