

2023 FLORIDA NOT FOR PROFIT CORPORATION 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, CATHY
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:** CATHY TRASK

02/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TRASK, CATHY
Address 5171 W. KRISTINA LOOP
City-State-Zip: LECANTO FL 34461

Title VP
Name AUWERTER, DEBBIE
Address 5306 S. RUNNING BROOK DRIVE
City-State-Zip: HOMOSASSA FL 34448

Title SECRETARY
Name EHRMAN, LYNDIA
Address 5109 S. RUNNING BROOK DR.
City-State-Zip: HOMOSASSA FL 34448

Title TREASURER
Name JONES, KENNETH
Address 11 LINDER DRIVE
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name BUDD, VICTORIA
Address 10 BIGLEAF CT.
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name HAGSTROM, ROSE
Address 4149 S. SKYLARK TERRACE
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name GAPCZYNSKI, DIANE
Address 90 BYRSONIMIA CIRCLE
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
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

TREASURER

02/07/2023

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 WRIGHT, CATHY
Address 10 THUNBERGIA
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name ROSE, TINA
Address 2 SPRUCE PINE CT. N.
City-State-Zip: HOMOSASSA FL 34446