

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003921

**Entity Name:** FRIENDS OF MID-COUNTY REGIONAL LIBRARY, INC.

**Current Principal Place of Business:**

2050 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2050 FORREST NELSON BLVD  
PORT CHARLOTTE, FL 33952

**FEI Number:** 65-0519000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUNSON, P.A., DIANNE MARIE  
3907 MADRID COURT  
PUNTA GORDA, FL 33950 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:** DIANNE MARIE MUNSON, P.A.

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MUNSON, P.A., DIANNE MARIE  
Address 3907 MADRID COURT  
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY  
Name SOVERN, HELENE  
Address 2050 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title TD  
Name HEBERLING, BARBARA  
Address 18569 KULDIN AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title VPD  
Name GAMBLE, KATHLEEN  
Address 2050 FORREST NELSON BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP, DIRECTOR  
Name YOUSA, MERRIE STREET  
Address 15186 ELEANOR AVE  
City-State-Zip: PORT CHARLOTTE FL 33953

*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:** DIANNE MARIE MUNSON, P.A.

**PRESIDENT**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date