

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

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Entity Name: FLORIDA ASSOCIATION OF COLLEGE AND RESEARCH LIBRARIES, A CHAPTER OF THE ASSOCIATION OF COLLEGE AND RESEARCH LIBRARIES, INC.

Current Principal Place of Business:

3012 N. 35TH TERRACE
C/O NORA QUINLAN
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3012 N. 35TH TERRACE
C/O NORA QUINLAN
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2626928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

QUINLAN, NORA
3012 N. 35TH TERRACE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: QUINLAN, NORA
Address: 3100 RAY FERRERO, JR. BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33314

Title: DVP () Delete
Name: SIMPSON, BETSY
Address: P.O. BOX 117007
City-St-Zip: GAINESVILLE, FL 32611

Title: DS () Delete
Name: NICHOLS, BEATRICE
Address: 4200 54TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: TD () Delete
Name: FAULKNER, MARY
Address: 8099 COLLEGE PARKWAY, SW
City-St-Zip: FT. MYERS, FL 339066210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMPSON, BETSY
Address: SMATHERS LIBRARY, UF, CB 117001
City-St-Zip: GAINESVILLE, FL 362117007

Title: VP (X) Change () Addition
Name: KILLINGSWORTH, ELIZABETH
Address: UNIV. OF CENTRAL FLORIDA LIBRARIES
City-St-Zip: ORLANDO, FL 328162666

Title: S (X) Change () Addition
Name: NICHOLS, BEATRICE
Address: 4200 54TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T (X) Change () Addition
Name: FAULKNER, MARY
Address: 8099 COLLEGE PARKWAY, SW
City-St-Zip: FT. MYERS, FL 339066210

Title: PP () Change (X) Addition
Name: QUINLAN, NORA J
Address: 3012 NORTH 35TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETSY SIMPSON

P

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date