

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N06000008671

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:

4000 CENTRAL FLORIDA BLVD
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162666
C/O ELIZABETH KILLINGSWORTH, UCF LIBRARY
ORLANDO, FL 32816

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:

KILLINGSWORTH, ELIZABETH
4000 CENTRAL FLORIDA BLVD
UCF LIBRARY
ORLANDO, FL 32816 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: P () Delete
Name: KILLINGSWORTH, ELIZABETH
Address: UCF LIBRARY 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: VP () Delete
Name: MOON, CAROL
Address: SAINT LEO UNIVERSITY
City-St-Zip: SAINT LEO, FL 33574

Title: S () Delete
Name: CUNNINGHAM, NANCY
Address: USF 4202 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33620

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

Title: PP () Delete
Name: SIMPSON, BETSY
Address: UF SMATHERS LIBRARY
City-St-Zip: GAINESVILLE, FL 32611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH KILLINGSWORTH

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date