

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
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:

33701 STATE ROAD 52
SAINT LEO, FL 33574

Current Mailing Address:

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

New Mailing Address:

MC2128
C/O CAROL MOON, CANNON LIBRARY, SLU
SAINT LEO, FL 33574

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:

MOON, CAROL
33701 STATE ROAD 52
CANNON LIBRARY, SAINT LEO UNIVERSITY
SAINT LEO, FL 33574 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: CAROL MOON

02/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOON, CAROL
Address: SAINT LEO UNIVERSITY LIBRARY, SR52, MC2128
City-St-Zip: SAINT LEO, FL 33574

Title: VP
Name: WHISENANT, DAVE
Address: CCLA, 1753 W. PAUL DIRAC DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: S
Name: CRUMP, LAUREL
Address: UNF LIBRARY, 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T
Name: SOBEY, LINDA
Address: FAMU, 201 BEGGS AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PP
Name: KILLINGSWORTH, ELIZABETH
Address: UCF LIBRARY
City-St-Zip: ORLANDO, FL 32816

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: CAROL MOON

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date