

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 04, 2011  
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:**

33701 STATE ROAD 52  
SAINT LEO, FL 33574

**New Principal Place of Business:**

1753 W. PAUL DIRAC DRIVE  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

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

**New Mailing Address:**

1753 W. PAUL DIRAC DRIVE  
TALLAHASSEE, FL 32310

FEI Number: 59-2626928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

WHISENANT, DAVID A  
1753 W. PAUL DIRAC DRIVE  
TALLAHASSEE, FL 32310 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: DAVID A WHISENANT

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHISENANT, DAVID  
Address: 1753 W. PAUL DIRAC DRIVE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP  
Name: BHATT, ANJANA H  
Address: FGCU, 10501 FGCU BLVD., SOUTH  
City-St-Zip: FT. MYERS, FL 33965

Title: S  
Name: HENNING, JACQUELINE A  
Address: BROWARD COLLEGE LIBRARY, 3501 DAVIE ROAD  
City-St-Zip: DAVIE, FL 33314

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

Title: PP  
Name: MOON, CAROL A  
Address: SAINT LEO, CANNON LIBRARY  
City-St-Zip: SAINT LEO, FL 33574

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: DAVID A WHISENANT

P

03/04/2011

Electronic Signature of Signing Officer or Director

Date