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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710121** (5)
1. Corporation Name

NEW COLLEGE LIBRARY ASSOCIATION, INC.



Principal Place of Business 670 T. FAY WILLIAMS 5700 N. TAMAMI TRAIL LBR 207 SARASOTA FL 34243 US	Mailing Address 670 T. FAY WILLIAMS 5700 N. TAMAMI TRAIL LBR 207 SARASOTA FL 34243-2148 US
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3. Date Incorporated or Qualified 12/28/1965	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. LBR 207 22 City & State LBR 207 23 Zip LBR 207 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. LBR 207 26 City & State LBR 207 27 Zip LBR 207 28 Country	4. FEI Number 59-6165192 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMSS, T. FAY
3113 HIGHLAN AVE W
BRADENTON FL 34205

81 Name LINDA STEWART	82 Street Address (P.O. Box Number is Not Acceptable) 5700 N. TAMAMI TR.	83	84 City SARASOTA	85 Zip Code FL 34243
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **May 7, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	NAME HOWARD, MARLENE W SEN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	1.2 NAME 3RD V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12 TIDY ISLAND BOULEVARD	CITY-ST-ZIP BRADENTON FL 34210		1.3 STREET ADDRESS WELLS, JAN	1.4 CITY-ST-ZIP 4939 79TH AVE. DR. E	
TITLE D	NAME BENATOVICH, TISH	<input type="checkbox"/> DELETE	2.1 TITLE P	2.2 NAME PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3127 BAYSHORE ROAD	CITY-ST-ZIP SARASOTA FL 34234		2.3 STREET ADDRESS BENATOVICH, PATRICIA E.	2.4 CITY-ST-ZIP 3127 BAYSHORE ROAD	
TITLE T	NAME HANSEN, LAURA D	<input type="checkbox"/> DELETE	3.1 TITLE T	3.2 NAME HANSEN, LAURA D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 550 WEDGE LANE	CITY-ST-ZIP LONGBOAT KEY FL 34228		3.3 STREET ADDRESS 550 WEDGE LANE	3.4 CITY-ST-ZIP LONGBOAT KEY, FL 34228	
TITLE D	NAME REAGAN, LARRY G	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	4.2 NAME SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8605 GULFSIDE ROAD	CITY-ST-ZIP LONGBOAT KEY FL 34228		4.3 STREET ADDRESS TODD, CAROL	4.4 CITY-ST-ZIP 11701 CREEK SHED PL	
TITLE D	NAME MCARDLE, MARGARET	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	5.2 NAME DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5025 COCO PLUM WAY	CITY-ST-ZIP SARASOTA FL 34241		5.3 STREET ADDRESS GRIFFITH, KAREN	5.4 CITY-ST-ZIP 1351 N. LAKE SHORE DR	
TITLE D	NAME RITCHEY, SHIRLEY	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	6.2 NAME 1ST V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1309 VISTA DRIVE	CITY-ST-ZIP SARASOTA FL 34239		6.3 STREET ADDRESS BARNES, RUTH E	6.4 CITY-ST-ZIP 1554 EASTBROOK DR	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **5/7/97**

CR2E037 (9/96)