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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710121

1. Corporation Name

NEW COLLEGE LIBRARY ASSOCIATION, INC.

Principal Place of Business

5700 N TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US

Mailing Address

5700 TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/28/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6165192	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

STEWART, LINDA
5700 N TAMiami TR
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	DP
NAME	WELLS, JAN	1.2 NAME	Nancy C. Reinheimer
STREET ADDRESS	4939 79TH AVE DR E	1.3 STREET ADDRESS	1309 Vista Drive
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	P	2.1 TITLE	DS
NAME	BENATOVICH, TISH	2.2 NAME	Ronald Cota
STREET ADDRESS	3127 BAYSHORE ROAD	2.3 STREET ADDRESS	5322 Everwood Run
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	T	3.1 TITLE	
NAME	HANSEN, LAURA D	3.2 NAME	
STREET ADDRESS	550 WEDGE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	CANNATA, BETH	4.2 NAME	
STREET ADDRESS	2272 WASON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GRIFFITH, KAREN	5.2 NAME	
STREET ADDRESS	1351 N LAKE SHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	BARNES, RUTH E	6.2 NAME	
STREET ADDRESS	1554 EASTBROOK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: Feb 1, 1999 (941)
Daytime Phone #: 351-3700