2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710121

FILED Feb 22, 2005 Secretary of State

Entity Name: NEW COLLEGE LIBRARY ASSOCIATION, INC.

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	MIAMI TRAIL					
TKC SARASOT	A, FL 34243	US				
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
	AMI TRAIL					
TKC SARASOT	A, FL 34243	US				
FEI Number:	59-6165192	FEI Number Applied For () FEI	Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
5700 N TAI	/ILLE, JANE MIAMI TR		5700 N TA	SUMMERVILLE, JANE S 5700 N TAMIAMI TR		
TKC SARASOT <i>i</i>	A, FL 34243 U	JS	TKC SARASOT	SARASOTA, FL 34243 US		
	named entity s of Florida.	ubmits this statement for the purpos	se of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: JANES.S	SUMMERVILLE			02/22/2005	
	Electron	c Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () SEIDER, TRACY 395 AVENIDA M SARASOTA, FL	ILANO	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DT () BENEDICT, DEE 116 N.RIVER BI NOKOMIS, FL	.VD.	Title: Name: Address: City-St-Zip:	D (X) BENEDICT, DE 116 N.RIVER B NOKOMIS, FL	LVD.	
Title: Name: Address: City-St-Zip:	D () DUMBAUGH, BA 3945 HAMILTON SARASOTA, FL	I CLUB CIR.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DP () HESS, DAVID R 1605 MAIN ST # SARASOTA, FL	1010	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DS () GRIFFITH, KAR 1351 N LAKE SI SARASOTA, FL	HORE DR	Title: Name: Address: City-St-Zip:	D (X) GRIFFITH, KAR 1351 N LAKE S SARASOTA, FL	HORE DR	
Title: Name: Address: City-St-Zip:	D () GAYLOR, W E 901 RIDGEWOO VENICE, FL 34		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID R. HESS DP 02/22/2005