

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 035 \*\*\*\*61.25

**DOCUMENT # 710121**

1. Entity Name  
NEW COLLEGE LIBRARY ASSOCIATION, INC.



Principal Place of Business  
5700 N TAMiami TRAIL  
TKC  
SARASOTA, FL 34243 US

Mailing Address  
5700 TAMiami TRAIL  
TKC  
SARASOTA, FL 34243 US

20024716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-6165192

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERVILLE, JANE S  
5700 N TAMiami TR  
TKC  
SARASOTA, FL 34243

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEIDER, TRACY	
STREET ADDRESS	395 AVENIDA MILANO	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	BENEDICT, DEBBI	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	116 N.RIVER BLVD.	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUMBAUGH, BARBARA	
STREET ADDRESS	3945 HAMILTON CLUB CIR.	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HESS, DAVID R	
STREET ADDRESS	1605 MAIN ST #1010	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, KAREN	
STREET ADDRESS	1351 N LAKE SHORE DR	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAYLOR, W E	
STREET ADDRESS	901 RIDGEWOOD AVE	
CITY-ST-ZIP	VENICE, FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Cota	
STREET ADDRESS	5322 Everwood Run	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B.J. Creighton	
STREET ADDRESS	749 Freeling Dr.	
CITY-ST-ZIP	Sarasota, FL 34242	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara Brosius*

Barbara Brosius, J.P. France

Date

Daytime Phone #

3/28/06 941-357-4672