

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710823

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA LIBRARY ASSOCIATION, INC.

**Current Principal Place of Business:**

164 NW MADISON ST., SUITE 104  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1571  
LAKE CITY, FL 320561571 US

**New Mailing Address:**

**FEI Number:** 59-1159907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, FAYE EX. DIR  
164 NW MADISON ST., SUITE 104  
LAKE CITY, FL 32055 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** V,D  
**Name:** STITES, BARBARA  
**Address:** 10501 FGCU BLVD. SOUTH  
**City-St-Zip:** FORT MYERS, FL 33965-650 US

**Title:** S  
**Name:** O'DONNELL, RUTH  
**Address:** 3509 TRILLIUM CT  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

**Title:** D  
**Name:** KILLINGSWORTH, ELIZABETH  
**Address:** 332 BECKETT COURT  
**City-St-Zip:** WINTER PARK, FL 32792 US

**Title:** P, D  
**Name:** COLVIN, GLORIA  
**Address:** 116 HONORS WAY  
**City-St-Zip:** TALLAHASSEE, FL 32306 US

**Title:** D  
**Name:** GENE, COPPOLA  
**Address:** 2330 NEBRASKA AVE.  
**City-St-Zip:** PALM HARBOR, FL 34683 US

**Title:** ED  
**Name:** ROBERTS, FAYE C  
**Address:** 164 NW MADISON ST., SUITE 104  
**City-St-Zip:** LAKE CITY, FL 32055

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:** FAYE C. ROBERTS

EX D

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date