

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748529 (5)
1. Corporation Name

COUNCIL FOR FLORIDA LIBRARIES, INC.



Principal Place of Business: % 901 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301
Mailing Address: % 901 E. LAS OLAS BLVD. STE 201 FT. LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: 08/14/1979
3a. Date of Last Report: 06/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1940842	Applied For	Not Applicable
22	Suite, Apt. #, etc. STE 201	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUFFNER, FREDERICK G., JR. 901 E. LAS OLAS BLVD. STE 201 FORT LAUDERDALE FL 33301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFNER, FREDERICK G.	1.2 NAME	
STREET ADDRESS	901 E LAS OLAS BLVD STE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, FRANK R.	2.2 NAME	
STREET ADDRESS	2830 NE 30TH ST APT #1	2.3 STREET ADDRESS	17820 NW 19th St.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, BARBARA D.	3.2 NAME	
STREET ADDRESS	936 INTRACOASTAL DR. #6D	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, JOSEPH D.	4.2 NAME	
STREET ADDRESS	2820 NE 33 COURT, #101	4.3 STREET ADDRESS	1371 S. OCEAN BLVD, #809
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbara D Cooper (Secretary) 3/6/96 954-524-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARBARA D. COOPER Daytime Phone #

CR2E037 (12/95)