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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748529 (5)

1. Corporation Name
COUNCIL FOR FLORIDA LIBRARIES, INC.



Principal Place of Business: % 801 E. LAS OLAS BLVD. STE 201 FT. LAUDERDALE FL 33301 US
Mailing Address: % 801 E. LAS OLAS BLVD. STE 201 FT. LAUDERDALE FL 33301 US

3. Date Incorporated or Qualified: 08/14/1979
3a. Date of Last Report: 03/14/1996
4. FEI Number: 59-1940842
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
RUFFNER, FREDERICK G., JR.
901 E. LAS OLAS BLVD.
STE 201
FORT LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME PD RUFFNER, FREDERICK G.
STREET ADDRESS 901 E LAS OLAS BLVD STE 201
CITY-ST-ZIP FORT LAUDERDALE FL
TITLE [] DELETE
NAME VD EVANS, FRANK R.
STREET ADDRESS 17820 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES FL
TITLE [] DELETE
NAME SD COOPER, BARBARA D.
STREET ADDRESS 936 INTRACOASTAL DR. #6D
CITY-ST-ZIP FORT LAUDERDALE FL
TITLE [] DELETE
NAME TD GOLDEN, JOSEPH D.
STREET ADDRESS 1371 S OCEAN BLVD, #809
CITY-ST-ZIP POMPANO BCH FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Barbara D. Cooper*
BARBARA D. COOPER
2/18/97 954-524-3511

CR2E037 (9/96)