

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90038 005 ****61.25

DOCUMENT # 763593

1. Entity Name

**FLORIDA STATE COURT AND COUNTY LAW
LIBRARIES, INC**



Principal Place of Business

**324 S. FT. HARRISON AVE
RM 104
CLEARWATER FL 33756
US**

Mailing Address

**324 S. FT. HARRISON AVE
RM 104
CLEARWATER FL 33756
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2347979

Applied For

Not Applicable

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

**HAVERKAMP, DONNA LEA
324 S. FT. HARRISON AVE
RM 104
CLEARWATER FL 33756**

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 **Donna Lea Haverkamp**

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

(NOTE: Registered Agent signature required when reinstating)

1-18-2005

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDT** ☒ Delete
NAME **SIMMS, LINDA**
STREET ADDRESS **205 N. DIXIE HWY, RM 1.2200**
CITY- ST- ZIP **WEST PALM BEACH FL 33401**

TITLE **PDT** ☒ Change ☐ Addition
NAME **Jones, Sara E.**
STREET ADDRESS **205 N. Dixie HWY, RM 1.2200**
CITY- ST- ZIP

TITLE **TD** ☐ Delete
NAME **HAVERKAMP, DONNA LEA**
STREET ADDRESS **324 S. FT. HARRISON AVE. RM 104**
CITY- ST- ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VPT** ☒ Delete
NAME **JONES, SARA E**
STREET ADDRESS **205 N. DIXIE HWY, R, 1.2200**
CITY- ST- ZIP **WEST PALM BEACH FL 33401**

TITLE **VPT** ☒ Change ☐ Addition
NAME **Thomas, Nancy**
STREET ADDRESS **430 S. Commerce Ave.**
CITY- ST- ZIP **Sebring, FL 33870**

TITLE **ST** ☐ Delete
NAME **THOMAS, NANCY**
STREET ADDRESS **430 S. COMMERCE AVE.**
CITY- ST- ZIP **SEBRING FL 33870**

TITLE **ST** ☒ Change ☐ Addition
NAME **Datko, Linda**
STREET ADDRESS **99 NE 4th Street Room 936**
CITY- ST- ZIP **Miami, FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I 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 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: **Donna Lea Haverkamp**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2005

Date

727-464-3411

Daytime Phone #