


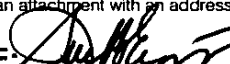


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90063 027 \*\*\*\*61.25

<b>DOCUMENT # 763593</b> 1. Entity Name <b>FLORIDA STATE COURT AND COUNTY LAW LIBRARIES, INC</b>					
Principal Place of Business <b>324 S. FT. HARRISON AVE RM 104 CLEARWATER, FL 33756 US</b>				Mailing Address <b>324 S. FT. HARRISON AVE RM 104 CLEARWATER, FL 33756 US</b>	
2. Principal Place of Business <b>110 N.W. 1st Avenue</b> Suite, Apt. #, etc. <b>Law Library</b> City & State <b>Ocala, FL</b> Zip <b>34475</b> Country <b>USA</b>		3. Mailing Address <b>110 N.W. 1st Avenue</b> Suite, Apt. #, etc. <b>Law Library</b> City & State <b>Ocala, FL</b> Zip <b>34475</b> Country <b>USA</b>			
01122006 Chg-NP CR2E037 (11/05)				4. FEI Number <b>59-2347979</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HAVERKAMP, DONNA LEA 324 S. FT. HARRISON AVE RM 104 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name <b>Sue B. Ernst</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 N.W. 1st Ave</b> <b>Law Library</b> City <b>Ocala</b> FL Zip Code <b>34475</b>		
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 <b>Sue B. Ernst</b>  <b>01/17/06</b> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT JONES, SARA E 205 N. DIXIE HWY, RM 1.2200 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT Nancy Thomas 430 S. Commerce Ave Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAVERKAMP, DONNA LEA 324 S. FT. HARRISON AVE. RM 104 CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Sue B. Ernst 110 N.W. 1st Ave Ocala, FL 34475	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT THOMAS, NANCY 430 S. COMMERCE AVE. SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Deborah Angerman 1250 N. Eglin Pkwy. Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DATKO, LINDA 99 NE 4TH STREET ROOM 936 MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		<b>Sue B. Ernst</b>		<b>01/17/06</b>	<b>352-401-7841</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	