
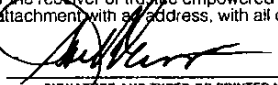


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90045 031 ****61.25

DOCUMENT # 763593 1. Entity Name FLORIDA STATE COURT AND COUNTY LAW LIBRARIES, INC						
Principal Place of Business 110 N.W. 1ST AVE. LAW LIBRARY OCALA, FL 34475 US			Mailing Address 110 N.W. 1ST AVE. LAW LIBRARY OCALA, FL 34475 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2347979		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ERNST, SUE M 110 N.W. 1ST AVENUE LAW LIBRARY OCALA, FL 34475				7. Name and Address of New Registered Agent Name Ernst, Sue B. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PDT THOMAS, NANCY <input type="checkbox"/> Delete 430 S. COMMERCE AVE. SEBRING, FL 33870			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Angerman, Deborah <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 N. Kelim Parkway Shalimar, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERNST, SUE M <input type="checkbox"/> Delete 110 N.W. 1ST AVE. OCALA, FL 34475			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ernst, Sue B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 N.W. 1st Ave Ocala, FL 34475	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANGERMAN, DEBORAH <input type="checkbox"/> Delete 1250 N. KELIM PKWY. SHALIMAR, FL 32579			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Farley, Teresa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 S. Duval ST. Tallahassee, FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DATKO, LINDA <input type="checkbox"/> Delete 99 NE 4TH STREET ROOM 936 MIAMI, FL 33132			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brand, Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1115 Manatee Ave. West Bradenton, FL 34205	
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: 				Sue B. Ernst		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/31/07 352-401-7841 <small>Date Daytime Phone #</small>		