


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 006 ****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 # 324 S. Ft. Harrison Ave Suite, Apt. #, etc. Room 104 City & State Clearwater, FL Zip 33756		3. Mailing Address 324 S. Ft. Harrison Ave Suite, Apt. #, etc. Room 104 City & State Clearwater, FL Zip 33756			
Country Pinellas		Country Pinellas		4. FEI Number 59-2347979	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ERNST, SUE B 110 N.W. 1ST AVENUE LAW LIBRARY OCALA, FL 34475			7. Name and Address of New Registered Agent Name Donna Lea Haverkamp Street Address (P.O. Box Number is Not Acceptable) 324 S. Ft. Harrison Ave. Room 104 City Clearwater FL Zip Code 33756		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			1/18/2008 <small>DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008			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 ANGERMAN, DEBORAH 1250 N KELIM PARKWAY SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Farley, Teresa 500 S. Duval St. Tallahassee, FL 32399	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERNST, SUE B 110 NW 1ST AVE OCALA, FL 34475		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Haverkamp, Donna Lea 324 S. Ft. Harrison Ave. Room 104 Clearwater, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARLEY, TERESA 500 S. DUVAL ST TALLAHASSEE, FL 32399		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wise, Norma 501 E. Kennedy Blvd. Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAND, JUDY 1115 MANATEE AVE WEST BRADENTON, FL 34205		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: Donna Lea Haverkamp <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			727-464-3411 <small>Date Daytime Phone #</small>		