2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763593

FILED Jan 09, 2009 Secretary of State

Entity Name: FLORIDA STATE COURT AND COUNTY LAW LIBRARIES, INC

Current Principal Place of Business: New Principal Place of Business:

324 S FT HARRISON AVE RM 104 CLEARWATER, FL 33756 US

Current Mailing Address: New Mailing Address:

324 S FT HARRISON AVE RM 104 CLEARWATER, FL 33756 US

FEI Number: 59-2347979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAVERKAMP, DONNA L 324 S FT HARRISON AVE RM 104 CLEARWATER, FL 33756 US

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.

SIGNATURE:

Flacture of Decision of Decision of Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition

 Title:
 PDT () Delete
 Title:
 PDT (X) Cha

 Name:
 FARLEY, TERESA
 Name:
 WISE, NORMA

 Address:
 500 S DUVAL ST
 Address:
 701 E. TWIGGS ST.

 City-St-Zip:
 TALLAHASSEE, FL 32399
 City-St-Zip:
 TAMPA, FL 33602

Title: T () Delete Title: () Change () Addition

 Name:
 HAVERKAMP, DONNA L
 Name:

 Address:
 324 S FT HARRISON AVE RM 104
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

 $\label{eq:title: V (x) Delete Title: VP (X) Change () Addition} \end{minipage}$

 Name:
 WISE, NORMA
 Name:
 ERNST, SUE M

 Address:
 501 E KENNEDY BLVD
 Address:
 110 N.W. 1ST AVE

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 OCALA, FL 34475

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

 Name:
 BRAND, JUDY
 Name:
 DATKO, LINDA

 Address:
 1115 MANATEE AVE WEST
 Address:
 400 N. MIAMI AVE.

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:
 MIAMI, FL 33128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. HAVERKAMP T 01/09/2009