## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # 763623	15
1. Entity Name SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES,	

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1. Entity Name SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.					04-16-2004 90128 027 ******61.25				
Principal Place of Business NOVA SE UNIV LAW LIB 3305 COLLEGE AVE FT LAUDERDALE, FL 33314 US	NOVA 3305	Address SE UNIV LAW LIB COLLEGE AVE JDERDALE, FL 33:	314 US		  -  -  -		eve.		111 S 111
2. Principal Place of Business		ng Address							
Miami-Dade County Law Libary Suite, Apt. #, etc.		i-Dade Law Libra e. Apt. #, etc.	ıry						` ,
73 West Flagler Street, 321-A		st Flagler Street,	321-A		04072004 C	hg-NP	CR2E037	(10/03)	
City & State Miami, FL		& State mi, FL			4. FEI Number 59-259641	19		<u> </u>	plied For t Applicable
Zip Country US	Zip 3310	30	Country US		'5." Certificate of S	tatus Desired		8.75 Add ee Required	
6. Name and Address of			7. Name and Add	dress of New F	Registered A	gent			
ROSIN, KATHERINE				me	No. of control of the				
SHOOK, HARDY, & BACON, MIAI 201 S BISCAYNE BLVD STE 2400	MI CENTER D		Str	eet Address	(P.O. Box Number is	Not Acceptable	e)		
MIAMI, FL 33131			0.1					Zin Code	
			Cit	•			FL.	Zip Code	
The above named entity submits this stat the obligations of registered agent.	tement for the purpo	se of changing its re	egistered of	ce or registe	ered agent, or both, in	the State of FI	orida. I am fa	miliar with,	and accept
SIGNATURE Lathe	rive	Roin	. Ko	the	rines	Rosiv	<u> </u>	18	РC
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE								
Signature, typed or printed name of regis				•				The Control of Texas	
Filling Fee is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Co	oaign Financ		\$5.00 May Be Added to Fees		lake check rida Departr		
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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:** 

9/04

305-789-7420

Date