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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 840579

(7)

1. Corporation Name

SOUTHEASTERN LIBRARY NETWORK INC.



Principal Place of Business

Mailing Address

1438 W PEACHTREE ST NW, SUITE 200  
ATLANTA GA 30309-2955  
US

1438 W PEACHTREE ST NW, SUITE 200  
ATLANTA GA 30309-2955  
US 33

3. Date Incorporated or Qualified  
05/30/1978

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MANCINI, DONNA D  
DEKALB COUNTY PUBLIC LIBRARY  
DECATUR GA ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEPHENS, JERRY W.  
UNIVERSITY OF ALABAMA & BIRMINGHAM  
BIRMINGHAM AL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
ALFORD, LARRY P  
UNIVERSITY OF NORTH CAROLINA  
CHAPEL HILL NC ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WEIR, BIRDIE O.  
ALABAMA A&M UNIVERISTY  
HUNTSVILLE AL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KAUFMAN, PAULA T.  
UNIVERSITY OF TENNESSEE  
KNOXVILLE TN ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BAKER, BARRY B.  
UNIVERSITY OF GEORGIA LIBRARIES  
ATHEN GA ☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
CD  
Emma Bradford Perry  
Southern University  
Baton Rouge, LA 70813 ☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
SD  
Dr. Mary Reichel  
Appalachian State University  
Boone, NC 28608 ☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
TD  
Karen C. McDaniel  
Kentucky State University  
Frankfort, KY 40601 ☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
D  
Carolyn L. Robison  
Georgia State University  
Atlanta, GA 30303 ☐ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
SD  
Barry B. Baker  
University of Georgia Libraries  
Athens, GA 30602 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Barry B. Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Date

(706) 542-2534

Daytime Phone #

CR2E037 (12/95)