

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90023 023 \*\*\*\*61.25

**DOCUMENT # 840579**

1. Corporation Name

**SOUTHEASTERN LIBRARY NETWORK INC.**

Principal Place of Business

1438 W PEACHTREE ST NW, SUITE 200  
ATLANTA GA 30309-2995  
US

Mailing Address

1438 W PEACHTREE ST NW, SUITE 200  
ATLANTA GA 30309-2995  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/30/1978**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**72-0738497**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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 12

TITLE ☐ DELETE

NAME  
CD  
COOPER, SANDRA M  
STREET ADDRESS  
STATE LIBRARY OF NORTH CAROLINA  
CITY-ST-ZIP  
BOONE NC 28608

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
CD  
PAUL A. WILLIS  
1.3 STREET ADDRESS  
UNIVERSITY OF KENTUCKY  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
SD  
THRASHER, JERRY A  
STREET ADDRESS  
CUMBERLAND COUNTY PUBLIC LIBRARY  
CITY-ST-ZIP  
FRANKFORT KY 40601

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
VCD  
BARBARA V. BROWN  
2.3 STREET ADDRESS  
WASHINGTON & LEE UNIVERSITY  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
TD  
CARGILL, JENNIFER  
STREET ADDRESS  
LOUISIANA STATE LIBRARY  
CITY-ST-ZIP  
RALEIGH NC 27601

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
SD  
LEE C. KETCHAM VAN ORSDEL  
3.3 STREET ADDRESS  
UNIVERSITY OF MONTEVALLO  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
D  
ROBISON, CAROLYN L  
STREET ADDRESS  
GEORGIA STATE UNIVERSITY  
CITY-ST-ZIP  
ATLANTA GA 30303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
TD  
PAUL M. GHERMAN  
4.3 STREET ADDRESS  
VANDERBILT UNIVERSITY  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
D  
BROWN, BARBARA J  
STREET ADDRESS  
WASHINGTON & LEE UNIVERSITY  
CITY-ST-ZIP  
NORFOLK VA 23529

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
D  
LORRAINE D. SUMMERS  
5.3 STREET ADDRESS  
STATE LIBRARY OF FLORIDA  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature Required* Stanley

05/27/99

Date

(404) 892-0943

Daytime Phone #

CR2E037 (11/98)

0081092