

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 039 ****61.25

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DOCUMENT # 840579 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 72-0738497	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VC BANDELIN, PHD, JANIS <input checked="" type="checkbox"/> Delete FURMAN UNIVERSITY GREENVILLE, SC 29613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Change <input type="checkbox"/> Addition John ULMSCHNEIDER 901 PARK AVE Richmond VA 23284	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete SANTIAGO, RAYMOND 101 W FLAGLER MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTIAGO <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete ULMSCHNEIDER, JOHN 901 PARK AVE RICHMOND, VA 23284		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition c David WARREN Richland Co. Public Library Columbia, SC 29201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete NELSON, JAMES 300 COFFEE TREE RD FRANKFORT, KY 40602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <input type="checkbox"/> Change <input type="checkbox"/> Addition c David WARREN Richland Co Public Library Columbia, SC 29201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NEVINS, CATHERINE 1438 WEST PEACHTREE ST ATLANTA, GA 30309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Natalie M. Chase, CFO.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.12.05 <small>Date</small>		404.892.0943 <small>Daytime Phone #</small>