


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 840579</b> 1. Entity Name <b>SOUTHEASTERN LIBRARY NETWORK INC.</b>	
--	---

Principal Place of Business <b>1438 W PEACHTREE ST NW, SUITE 200 ATLANTA, GA 30309-2995 US</b>	Mailing Address <b>1438 W PEACHTREE ST NW, SUITE 200 ATLANTA, GA 30309-2995 US</b>
---	---



03222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>72-0738497</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NELSON, JAMES A 300 COFFEE TREE ROAD FRANKFORT, KY 40602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VAUGHAN, ROBERT 145 EDNAM DRIVE CHARLOTTESVILLE, VA 22903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKARD, PATRICIA 2415-C NORTH DRUID HILLS RD, NE ATLANTA, GA 30329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVINS, CATHERINE 1438 WEST PEACHTREE ST ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U0000006933711  
04/16/07-80051-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/29.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #