

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008671

FILED
May 14, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COLLEGE AND RESEARCH LIBRARIES, A CHAPTER OF THE ASSOCIATION OF COLLEGE AND RESEARCH LIBRARIES, INC.

Current Principal Place of Business:

3012 N. 35TH TERRACE
C/O NORA QUINLAN
HOLLYWOOD, FL 33021

New Principal Place of Business:

4000 CENTRAL FLORIDA BLVD
ORLANDO, FL 32816

Current Mailing Address:

3012 N. 35TH TERRACE
C/O NORA QUINLAN
HOLLYWOOD, FL 33021

New Mailing Address:

P.O. BOX 162666
C/O ELIZABETH KILLINGSWORTH, UCF LIBRARY
ORLANDO, FL 32816

FEI Number: 59-2626928 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINLAN, NORA
3012 N. 35TH TERRACE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

KILLINGSWORTH, ELIZABETH
4000 CENTRAL FLORIDA BLVD
UCF LIBRARY
ORLANDO, FL 32816 US

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.

SIGNATURE: ELIZABETH KILLINGSWORTH

05/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, BETSY
Address: SMATHERS LIBRARY, UF, CB 117001
City-St-Zip: GAINESVILLE, FL 362117007

Title: VP () Delete
Name: KILLINGSWORTH, ELIZABETH
Address: UNIV. OF CENTRAL FLORIDA LIBRARIES
City-St-Zip: ORLANDO, FL 328162666

Title: S () Delete
Name: NICHOLS, BEATRICE
Address: 4200 54TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: T () Delete
Name: FAULKNER, MARY
Address: 8099 COLLEGE PARKWAY, SW
City-St-Zip: FT. MYERS, FL 339066210

Title: PP () Delete
Name: QUINLAN, NORA J
Address: 3012 NORTH 35TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KILLINGSWORTH, ELIZABETH
Address: UCF LIBRARY 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: VP (X) Change () Addition
Name: MOON, CAROL
Address: SAINT LEO UNIVERSITY
City-St-Zip: SAINT LEO, FL 33574

Title: S (X) Change () Addition
Name: CUNNINGHAM, NANCY
Address: USF 4202 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33620

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: SIMPSON, BETSY
Address: UF SMATHERS LIBRARY
City-St-Zip: GAINESVILLE, FL 32611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH KILLINGSWORTH

P

05/14/2008

Electronic Signature of Signing Officer or Director

Date