
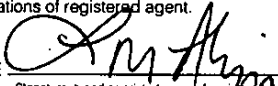
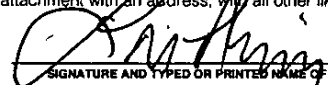


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 027 ****61.25

DOCUMENT # N13654 1. Entity Name BROWARD COUNTY LIBRARY ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1082 FT. LAUDERDALE, FL 33302			Mailing Address P.O. BOX 1082 FT. LAUDERDALE, FL 33302		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELFIELD, JEFFREY 100 S ANDREWS AVE FT LAUDERDALE, FL 33301				Name Lori Albrizio Street Address (P.O. Box Number is Not Acceptable) 227 Lakeview Drive, Unit 203 City Weston FL Zip Code 33326	
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  LORI ALBRIZIO <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/2/05 <small>(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	VD	<input type="checkbox"/> Delete			
NAME	POLLACK, NEIL				
STREET ADDRESS	4600 S.W. 82 AVENUE				
CITY-ST-ZIP	DAVIE, FL 33328				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	LINDENFELD, ELLEN				
STREET ADDRESS	16835 SHERIDAN ST				
CITY-ST-ZIP	PEMBROKE PINES, FL 33331				
TITLE	S	<input type="checkbox"/> Delete			
NAME	DRAPER, WAYNE				
STREET ADDRESS	100 S. ANDREWS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	DELFIELD, JEFFREY				
STREET ADDRESS	100 S ANDREWS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				
TITLE	D	<input type="checkbox"/> Delete			
NAME	RUSSO, CAROL				
STREET ADDRESS	2600 HOLLYWOOD BLVD				
CITY-ST-ZIP	HOLLYWOOD, FL 33020				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	METZGER, LEONA				
STREET ADDRESS	8601 W BROWARD BLVD				
CITY-ST-ZIP	PLANTATION, FL 33324				
TITLE	TD				
NAME	Lori Albrizio				
STREET ADDRESS	227 Lakeview Drive, Unit 203				
CITY-ST-ZIP	Weston, FL 33326				
TITLE	D				
NAME	Margaret Mays-Pollack				
STREET ADDRESS	4600 SW 82nd Avenue				
CITY-ST-ZIP	Davie, FL 33328				
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:  LORI ALBRIZIO 2/2/05 954-262-4585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					