

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26953

FILED  
Feb 06, 2008  
Secretary of State

**Entity Name:** SEFLIN (SOUTHEAST FLORIDA LIBRARY INFORMATION NETWORK), INC.

**Current Principal Place of Business:**

777 GLADES ROAD - FAU  
WIMBERLY LIBRARY - OFFICE 452  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

777 GLADES ROAD - FAU  
WIMBERLY LIBRARY - OFFICE 452  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 65-0066764      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SLOAN, TOM W EXC DIR  
777 GLADES ROAD - FAU  
WIMBERLY LIBRARY - OFFICE 452  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CANNON, ROBERT E  
Address: 100 S. ANDREWS AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: P ( ) Delete  
Name: SANTIAGO, RAYMOND  
Address: 101 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130 US

Title: V ( ) Delete  
Name: IGLESIAS, ESTRELLA  
Address: 11011 SW 104 STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: PELSER, JANEEN  
Address: 1400 N. FLORIDA MANGO ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S/T ( ) Delete  
Name: MENENDEZ, MIGUEL  
Address: 3501 DAVIE ROAD, BLDG #17  
City-St-Zip: DAVIE, FL 33314 US

Title: D ( ) Delete  
Name: KELLEY, BRIAN  
Address: 4200 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: TOM SLOAN

EDIR

02/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date