

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90001 010 ****61.25

DOCUMENT # N31647

1. Entity Name
**SOUTHEASTERN CHAPTER OF THE AMERICAN
ASSOCIATION OF LAW LIBRARIES, INC.**



Principal Place of Business
**%ST THOMAS UNIV LAW LIBRARY
16400 NW 32ND AVE
MIAMI, FL 33054 US**

Mailing Address
**%ST THOMAS UNIV LAW LIBRARY
16400 NW 32ND AVE
MIAMI, FL 33054 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292006

Chg-NP

CR2E037 (4/06)

4. FEI Number
58-1592266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMAS, SONIA L
ST. THOMAS UNIV LAW LIBRARY
16401 NW 37ND AVE
MIAMI, FL 33054**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PETIT, MIKE**
STREET ADDRESS **4801 MASSACHUSETTS AVE., NW**
CITY-ST-ZIP **WASHINGTON, DC 200168182**

TITLE **SD** ☒ Delete
NAME **PARKER, MARIAN F**
STREET ADDRESS **WFU PROF. CEN LIB.-PO BOX 1206, REY. STAD.**
CITY-ST-ZIP **WINSTON SALEM, NC 27109**

TITLE **TD** ☐ Delete
NAME **BISSETT, JACK**
STREET ADDRESS **WASHINGTON & LEE SCHOOL OF LAW LIG**
CITY-ST-ZIP **LEXINGTON, VA 24450**

TITLE **PD** ☒ Delete
NAME **DEEMER, PAMELA**
STREET ADDRESS **EMORY UNIVERSITY-1301 CLIFTON RD**
CITY-ST-ZIP **ATLANTA, GA 303222780**

TITLE **VP** ☐ Delete
NAME **KLINEFELTER, ANNE**
STREET ADDRESS **UNIV. N. CAROLINA, CHAPEL HILL LAW**
CITY-ST-ZIP **CHAPEL HILL, NC 27599**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **HIRSH, KENNETH J.**
STREET ADDRESS **DUKE UNIVERSITY SCHOOL OF LAW LIBRARY**
CITY-ST-ZIP **DURHAM, NC 27708**

TITLE **SD** ☐ Change ☒ Addition
NAME **WAMBOLD, SALLY H.**
STREET ADDRESS **UNIV. RICHMOND SCHOOL OF LAW LIBRARY**
CITY-ST-ZIP **RICHMOND, VA 23173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jack Bissett (Jack Bissett) Treasurer 6/29/2006 (540)
458-8946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #