

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90186 042 \*\*\*\*61.25

<b>DOCUMENT # N31647</b> 1. Entity Name <b>SOUTHEASTERN CHAPTER OF THE AMERICAN ASSOCIATION OF LAW LIBRARIES, INC.</b>					
Principal Place of Business <b>%ST THOMAS UNIV LAW LIBRARY 16400 NW 32ND AVE MIAMI, FL 33054 US</b>			Mailing Address <b>%ST THOMAS UNIV LAW LIBRARY 16400 NW 32ND AVE MIAMI, FL 33054 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-1592266</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LAMAS, SONIA L ST. THOMAS UNIV LAW LIBRARY 16401 NW 37ND AVE MIAMI, FL 33054</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>HIRSCH, KENNETH J</b> <b>DUKE UNIVERSITY SCHOOL OF LAW LIBRARY</b> <b>DURHAM, NC 27708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>Hirsch, Kenneth</b> <b>Duke University School of Law Library</b> <b>Durham, NC 27708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>WAMBOLD, SALLY H</b> <b>UNIV. RICHMOND SCHOOL OF LAW LIBRARY</b> <b>UNIVERSITY OF RICHMOND, VA 23173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>BISSETT, JACK</b> <b>WASHINGTON &amp; LEE SCHOOL OF LAW LIB</b> <b>LEXINGTON, VA 24450</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>Osborne, Amy</b> <b>University of Kentucky Law Library</b> <b>Lexington, KY 40506</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>KLINEFELTER, ANNE</b> <b>UNIV. N. CAROLINA, CHAPEL HILL LAW</b> <b>CHAPEL HILL, NC 27599</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>Tejeda, Paula</b> <b>Chaleston School of Law Library</b> <b>Charleston, SC 29403</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John P. Smith, Treasurer</i></u>			Date: <u>Apr. 25, 2007</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: <u>(540) 458-8546</u>		

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