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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35328

1. Corporation Name

ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

100238 90025 46

Principal Place of Business

**401 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601-5433
US**

Mailing Address

**401 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601-5453
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1989

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3014156

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, ANN W.
401 EAST UNIVERSITY AVENUE

GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **T** ☐ DELETE
NAME **DAVIS, FRANK E.**
STREET ADDRESS **6410 NW 53 TERR**
CITY-ST-ZIP **GAINESVILLE FL 32653**

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME **Lyn Fregly**
1.3 STREET ADDRESS **P O Box 147050**
1.4 CITY-ST-ZIP **Gainesville, FL 32614-7050**

C ☐ DELETE
NAME **ACKERMAN, EVE**
STREET ADDRESS **3530 NW 30 PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32650**

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME **Lonnie Hartwell**
2.3 STREET ADDRESS **1830 SW 44th Ave**
2.4 CITY-ST-ZIP **Gainesville, FL 32608**

D ☐ DELETE
NAME **BARLETT, BEVERLY**
STREET ADDRESS **1421 NW 47 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME **Judith W. Weaver**
3.3 STREET ADDRESS **5322 NW 92nd Way**
3.4 CITY-ST-ZIP **Gainesville, FL 32606**

D ☒ DELETE
NAME **RANDALL, CHRIS**
STREET ADDRESS **1617 NW 19 CIRCKE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ACKERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (352)334-3910

Date

Daytime Phone #

CR2E037 (11/98)