Applied For

Not Applicable

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.

Principal Place of Business								
401 E. UNIVERSITY AVENU GAINESVILLE FL 32601-54: US								

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

401 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5453

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FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90025 046 ****61.25

* 1 100238 90025 46 8 *

3. Date Incorporated or Qualifed

11/17/1989

59-3014156

4. FEI Number

Zip Country Zip Country Zip Country St.00 May Be Added to Fees	City & State		City & State				5. Certificate of St.	Fee Required				
3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent WILLIAMS, ANN W. 401 EAST UNIVERSITY AVENUE 63 GAINESVILLE FL 32801 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Finnide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Finnide Statutes. SIGNATURE 30/40/10/10/10/10/10/10/10/10/10/10/10/10/10	23		28									
9. Name and Address of Current Registered Agent 10. Marne and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Streat Address (P.O. Box Number is Not Acceptable) 13. Streat Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 617 (5002 and 617 (500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am lemital with, and accept the obligations of Sections (Section 17.050), Florida Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered ragent. I am lemital with, and accept the obligation of Section 17.0503, Florida Statutes. SIGNATURE SIGNATURE DAVIS, FRANK E. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. STREET ADDRESS AGENT	Zip	Country	Zip	Zip Cou]	•			•	
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	14. I hereby	certify that the information supplied with	this filing does not quali	ify for the exe	mpti	on stated	in Section 119.07(3)(i), F	lorida Statutes.	I further cert	ify that the in	formation	

officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same regardined as it made under oath, that it will all officer or director of the corporation or the receiver of 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.

TURE PEQUIFYE Ackerman

1/13/99

(352)334-3910