


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 018 ****61.25

DOCUMENT # N35328 1. Entity Name ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.					
Principal Place of Business 401 E. UNIVERSITY AVENUE GAINESVILLE, FL 32601-5433 US			Mailing Address 401 E. UNIVERSITY AVENUE GAINESVILLE, FL 32601-5433 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3014156	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIRSH, SOL 401 EAST UNIVERSITY AVENUE ***** GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, ANN 3663 NW 46TH PL GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bryan, Ann 3663 NW 46th PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARLETT, BEVERLY 1421 NW 47 TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, BEVERLY 1421 NW 47th Terrace Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHTY, MARY POLLY 1017 NW 21ST TERR GAINESVILLE, FL 326031034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAW, LAURA L. 5100 NW 83rd Terrace GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH, SOL 401 E UNIV AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, GRACE W. 2116 NE 7th Terrace GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, JERRY 5801 NW 83RD TERR GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE 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: <u>Laura L. Shaw</u> LAURA L. SHAW <u>4/6/07</u> (352)375-8972 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					