

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35328

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

**Current Principal Place of Business:**

401 E. UNIVERSITY AVENUE  
GAINESVILLE, FL 326015433 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. UNIVERSITY AVENUE  
GAINESVILLE, FL 326015453 US

**New Mailing Address:**

401 E. UNIVERSITY AVENUE  
GAINESVILLE, FL 326015433 US

**FEI Number:** 59-3014156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIRSH, SOL  
401 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: BRYAN, ANN  
Address: 3663 NW 46TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: TD3 ( ) Delete  
Name: BARTLETT, BEVERLY  
Address: 1421 NW 47 TERR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Delete  
Name: DOUGHTY, MARY POLLY  
Address: 1017 NW 21ST TERR  
City-St-Zip: GAINESVILLE, FL 326031034

Title: D ( ) Delete  
Name: HIRSCH, SOL  
Address: 401 E UNIV AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD3 ( ) Delete  
Name: SHAW, LAURA  
Address: 5700 NW 83RD TERR  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY F BARTLETT

TD

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date