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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39972 (7)
 1. Corporation Name
THE CENTRAL FLORIDA LIBRARY CONSORTIUM, INC.



Principal Place of Business 431 E HORATIO AVE SUITE 230 MAITLAND FL 32751 US		Mailing Address 431 E HORATIO AVE SUITE 230 MAITLAND FL 32751-4560 US		3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 01/31/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3126138		Applied For ☐ Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent ATWATER, ANN 2 SOUTH ORANGE PL ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name MARTA Westall 82 Street Address (P.O. Box Number is Not Acceptable) 83 431 E. HORATIO AVE, SUITE 230 84 City MAITLAND FL 85 Zip Code 32751	
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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]* DATE: **3-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAIMES, STEPHANIE 1000 AAA DR HEATHROW FL ☐ DELETE <i>address change</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STEPHANIE HAIMES 1995 N. DONNELLY ST. MOUNT DORA, FL 32757-4838 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREEDEN, WENDY 315 W MAIN ST TAVARES FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V NELSON, KAREN 308 FORREST AVE COCOA FL 32922-778 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BILL 211 E DAKIN ST KISSIMMEE FL 34741 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D SELMA JASKOWSKI 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, DUSTIN P.O. BOX 2011 DAYTONA BEACH FL ☐ DELETE <i>address change</i>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D CAROL HOTZ 1375 BUENA VISTA DR. LAKE BUENA VISTA, FL 32830-1000 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DONNA 1000 HOLT AVE WINTER PARK FL 32789-449 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ROSALIND RISER 817 BILL BECK BLVD. KISSIMMEE, FL 34744 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINT, NANCY 204 N 5TH ST LEESBURG FL 34784 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	S Weeks, Dustin 1200 International Speedway Blvd Daytona Beach, FL 32114 ☒ Change ☐ Addition

14. I do 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.

SIGNATURE: *[Signature]* DATE: **3-10-97** **352** **(817) 735-7180**

CR2E037 (9/96)