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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 COOPERATIVE, 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 US
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3. Date Incorporated or Qualified 09/13/1990		
4. FEI Number 59-3126138	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 431 E. Horatio Ave	2a. Mailing Address 26 431 E. Horatio Ave.		
Suite, Apt. #, etc. 22 230	Suite, Apt. #, etc. 27 230		
City & State 23 Maitland, FL	City & State 28 Maitland, FL		
Zip 24 32751	Country 25 Orange	Zip 29 32751	Country 30 Orange

9. Name and Address of Current Registered Agent WESTALL, MARTA 431 E HORATIO AVE SUITE 230 MAITLAND FL 32751	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Marta Westall (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HAIMES, STEPHANIE
STREET ADDRESS	1995 N DONNELLY ST
CITY-ST-ZIP	MOUNT DORA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	NELSON, KAREN
STREET ADDRESS	308 FORREST AVE
CITY-ST-ZIP	COCOA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, BILL
STREET ADDRESS	211 E DAKIN ST
CITY-ST-ZIP	KISSIMMEE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WEEKS, DUSTIN
STREET ADDRESS	1200 INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COHEN, DONNA
STREET ADDRESS	1000 HOLT AVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLINT, NANCY
STREET ADDRESS	204 N 5TH ST
CITY-ST-ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jaskowski, Selma
1.3 STREET ADDRESS	4000 Central Florida Boulevard
1.4 CITY-ST-ZIP	Orlando, FL 32816-2666
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nelson, Karen
2.3 STREET ADDRESS	219 Indian River Drive
2.4 CITY-ST-ZIP	Cocoa, FL 32922
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cohen, Donna
3.3 STREET ADDRESS	1000 Holt Avenue
3.4 CITY-ST-ZIP	Winter Park, FL 32789-4499
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAIMES, STEPHANIE
4.3 STREET ADDRESS	1995 North Donnelly Street
4.4 CITY-ST-ZIP	Mount Dora, FL 32757-4838
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	English, Denise
5.3 STREET ADDRESS	9501 U.S. 441
5.4 CITY-ST-ZIP	Leesburg, FL 34788-8751
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Flint, Nancy
6.3 STREET ADDRESS	204 North 5th Street
6.4 CITY-ST-ZIP	Leesburg, FL 34748

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marta Westall **REQUIRE SIGNATURE** 1/14/98 407-644-9050

CR2E037 (10/97)