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**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90074 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39972**

1. Corporation Name  
**THE CENTRAL FLORIDA LIBRARY COOPERATIVE, INC.**

119028 - 90074 - 11

Principal Place of Business 431 E HORATIO AVE 230 MAITLAND FL 32751 US	Mailing Address 431 E HORATIO AVE 230 MAITLAND FL 32751 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>09/13/1990</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3126138</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>WESTALL, MARTA</b> <b>431 E HORATIO AVE</b> <b>SUITE 230</b> <b>MAITLAND FL 32751</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>JASKOWSKI, SELMA</b> <b>4000 CENTRAL FLORIDA BOULEVARD</b> <b>ORLANDO FL 32816-2666</b>	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FIELD, DOROTHY</b> <b>101 E. CENTRAL BOULEVARD</b> <b>ORLANDO FL 32801</b>
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>NELSON, KAREN</b> <b>219 INDIAN RIVER DRIVE</b> <b>COCOA FL 32922</b>	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KAREN NELSON</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE <b>COHEN, DONNA</b> <b>1000 HOLT AVENUE</b> <b>WINTER PARK FL 32789-4499</b>	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RISER, ROSALIND</b> <b>817 BILL BECK BOULEVARD</b> <b>KISSIMMEE FL 32744</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>HAIMES, STEPHANIE</b> <b>1995 NORTH DONELLY STREET</b> <b>MOUNT DORA FL 32757-4838</b>	4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HOTZ, CAROL C.</b> <b>3020 MAINGATE LANE, RM. 4306</b> <b>KISSIMMEE FL 34747</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>ENGLISH, DENISE</b> <b>9501 US 441</b> <b>LEESBURG FL 34788-8751</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>FLINT, NANCY</b> <b>204 N 5TH ST</b> <b>LEESBURG FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* 1-19-99 (407) 646-2306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)