


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90109 046 ****70.00

DOCUMENT # N39972	
1. Entity 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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01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3126138	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WESTALL, MARTA 431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

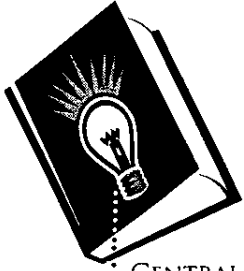
**\$5.00 May Be
Added to Fees**

**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	D POTTER, KAREN 501 S MAITLAND AVE MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MCCLENDON, CAROLYN 200 ANIMATION DRIVE LAKE BUENA VISTA, FL 32830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McClay, Mitchell 1400 International Parkway South Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete WEEKS, DUSTIN 1200 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321202811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KILROY, EDWARD A 211 E DAKIN AVENUE KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WESTALL, MARTA 431 E. HORATIO AVENUE SUITE 230 MAITLAND, FL 327514560	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARGAR, SHERIE 817 BILL BECK BLVD KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Marta Westall January 13, 2005 (407) 644-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CENTRAL FLORIDA
LIBRARY COOPERATIVE
*Supporting Libraries
and Sharing Ideas*

ATTACHMENT

N3 2972

**THE CENTRAL FLORIDA LIBRARY
COOPERATIVE, INC.**

50003181

DOCUMENT # N39972

V

Metzger, Kristen
5600 U.S. 1 North
Ft. Pierce, Fl 34946

CFLC BOARD OF DIRECTORS

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Mitchell L. McClay

ITT Technical Institute

Marta Westall

Executive Director

D

Sutton, Linda
4000 Central Florida Boulevard
Orlando, Fl 32816

D

Simpson, Karen
1519 Clearlake Road
Cocoa, Fl 32922

D

Kilmer, Susan B.
101 Melody Lane
Ft. Pierce, Fl 34950-4402