
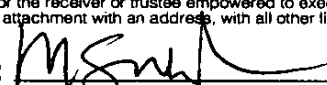


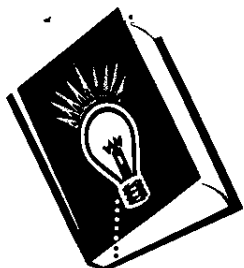
# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90076 011 \*\*\*\*70.00

<b>DOCUMENT # N39972</b> 1. Entity Name <b>THE CENTRAL FLORIDA LIBRARY COOPERATIVE, INC.</b>					
Principal Place of Business <b>431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751 US</b>			Mailing Address <b>431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3126138</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WESTALL, MARTA 431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POTTER, KAREN	NAME			
STREET ADDRESS	501 S MAITLAND AVE	STREET ADDRESS			
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLAY, MITCHELL	NAME			
STREET ADDRESS	1400 INTERNATIONAL PKWY S	STREET ADDRESS			
CITY - ST - ZIP	LAKE MARY, FL 32746	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEEKS, DUSTIN	NAME			
STREET ADDRESS	1200 WEST INTERNATIONAL SPEEDWAY BLVD	STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH, FL 321202811	CITY - ST - ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILROY, EDWARD A	NAME			
STREET ADDRESS	211 E DAKIN AVENUE	STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE, FL 34741	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTALL, MARTA	NAME			
STREET ADDRESS	431 E. HORATIO AVENUE SUITE 230	STREET ADDRESS			
CITY - ST - ZIP	MAITLAND, FL 327514560	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARGAR, SHERIE	NAME			
STREET ADDRESS	817 BILL BECK BLVD	STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE, FL 34744	CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Marta Westall</b> 1/12/06 407-644-9050					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					





CENTRAL FLORIDA  
LIBRARY COOPERATIVE

*Supporting Libraries  
and Sharing Ideas*

## ATTACHMENT

60003940  
#N39972  
THE CENTRAL FLORIDA LIBRARY  
COOPERATIVE, INC.

DOCUMENT #N39972

D

Carpan, Carolyn  
1000 Holt Avenue  
Winter Park, Fl 32789

### CFLC BOARD OF DIRECTORS

#### President

Dustin R. Weeks, M.L.I.S.  
*Daytona Beach Community College*

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*ITT Technical Institute*

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*Maitland Public Library*

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*Brevard Community College*

Susan B. Kilmer, M.L.S.

*St. Lucie County Library System*

Marta Westall, M.L.S.

*Executive Director*

D

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

D

Simpson, Karen  
1519 Clearlake Road  
Cocoa, Fl 32922

D

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