## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39972

FILED Mar 30, 2009 Secretary of State

Entity Name: THE CENTRAL FLORIDA LIBRARY COOPERATIVE, INC.

**New Principal Place of Business: Current Principal Place of Business:** 431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751

**Current Mailing Address:** 

431 E HORATIO AVE SUITE 230

MAITLAND, FL 32751 US

FEI Number: 59-3126138 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTALL, MARTA 431 E HORATIO AVE SUITE 230 MAITLAND, FL 32751 US

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.

SIGNATURE:

Date

**New Mailing Address:** 

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition CARPAN, CAROLYN PHEBE, POYDRAS Name: Name: 1000 HOLT AVENUE Address: 201 BEGGS AVENUE Address:

City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: ORLANDO, FL 32801 US

Title: () Delete Title: () Change () Addition MCCLAY, MITCHELL Name: Name:

Address: 1199 SOUTH WOODLAND BLVD. Address: City-St-Zip: DELAND, FL 32720 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

LONG, DIANA LONG, DIANA Name: Name:

Address: 282 N. MAITLAND AVENUE Address: 281 N. MAITLAND AVENUE

City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: () Delete Title: (X) Change ( ) Addition

JOHNSON, BETTY Name: KILROY, EDWARD A Name: 421 N. WOODLAND BLVD. Address: 211 E DAKIN AVENUE Address: City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: DELAND, FL 32720 US

Title: () Delete Title: () Change () Addition

WESTALL, MARTA Name: Name: 431 E. HORATIO AVENUE SUITE 230 Address: Address: City-St-Zip: MAITLAND, FL 327514560 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

SUTTON, LINDA SUTTON, LINDA Name: Name: Address: 4000 CENTRAL FLORIDA BLVD Address: 100 WELDON BOULEVARD ORLANDO, FL 32816 US SANFORD, FL 32773 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA WESTALL D 03/30/2009