

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005095 (5)

1. Corporation Name

CIVIC MEDIA CENTER AND LIBRARY, INC.



Principal Place of Business

Mailing Address

1021 W. UNIVERSITY AVE.
GAINESVILLE FL 32601
US

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GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3208635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, HARRIET
2130 NW 31ST AVE.
NO. E-10
GAINESVILLE FL 32605

81 Name

Ludwig, Harriet

82 Street Address (P.O. Box Number is Not Acceptable)

1810 NW 23rd Blvd, #276

83

84 City

Gainesville

FL

85 Zip Code

32605

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	COURTER, JOSEPH	
STREET ADDRESS	1527 NE 73RD ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	☐ DELETE
NAME	WILLETT, CHARLES	
STREET ADDRESS	1716 SW WILLISTON RD.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	☐ DELETE
NAME	RICARDO, FRANCINE	
STREET ADDRESS	POST OFFICE BOX 2849	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 March 1996 332/335-2200

CR2E037 (12/95)