## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300005095

Country

CIVIC MEDIA CENTER AND LIBRARY, INC.

Principal Place of Busine	5
1021 W. UNIVERSITY AVE	
GAINESVILLE FL 3260†	
US	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

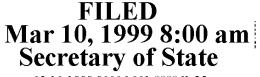
1021 W. LINIVERSITY AVE. GAINESVILLE FL 32601

US

26

27

28



03-10-1999 90006 001 \*\*\*\*61.25



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

11/08/1993

59-3208635

4. FEI Number

4	25	29	30			Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent				Ĭ		10. Name and Address of New I	Registered Agent	
				81 Nar	ne			
LUDWIG I	HADDIET			82 Stre	et Addres	ss (P.O. Box Number is Not Accept	able)	
LUDWIG, HARRIET 1810 NW 23RD BLVD					et Addres	sa (F.O. Dox Humber is Not Accopu		
SUITE 276				83				-
				84 City			85 Zip C	ndo
GAINESVILLE FL 32605							FL	<u>*                                    </u>
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida, Such change was	autnorize	CIDY UIB C	ed corpor orporation	ration submits this statement for the i's board of directors. I hereby acce	purpose of changing its reg pt the appointment as reg	egistared istered
SIGNATURE		Land title if anytherbla	TE Pagistara	1 Apont signati	ice remided v	when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent		13.	1 Aberit sidi ien	ila laquiso v	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	PD	DELETE		MLE			☐ Change	☐ Addition
	COURTER, JOSEPH			AME				
NAME	1527 NE 73RD ST.			TREET ADDRE	99			
STREET ADDRESS					~			
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE	2.1 T	TTY-ST-ZIP			Change	Addition
TITLE	TD	□ oc:c;c					<b>-</b> ·	
NAME	WILLETT, CHARLES		2.2 N					
STREET ADDRESS	1			TREET ADORE	SS			
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE		CITY-ST-ZIP			Change	Addition
TITLE	D	☐ DELETE	3.1 T					
NAME	RICARDO, FRANCINE		I	IAME				
STREET ADDRESS			3.3 9	TREET AODRI	:SS			'
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST-ZIP	_		Change	Addition
TITLE		☐ DELETE	4.1 T	TTLE	i		Change	Addition
NAME			4. 2	NAME			•	
STREET ADDRESS			4.3 9	TREET ADDR	SS			
CITY-ST-ZIP			4.4 (	CITY-ST-ZIP				<b>—</b> 4 1 4 4
TITLE		☐ DELETE	5.1 T	TILE			☐ Change	☐ Addition
NAME	]		5.2 N	IAME				
STREET ADDRESS			5.3 5	TREET ADOR	:SS			
CITY-\$1-ZIP			5.4 0	ITY-ST-ZIP				
TITLE		☐ DELETE	6.17	TILE			☐ Change	☐ Addition
NAME			6.21	IAME				
STREET ADDRESS			6.3 5	STREET ADDR	ss		-	
			6.4 (	CITY-ST-ZIP				
CITY-ST-ZIP	L certify that the information supplied wit	h this filing does not qualify	for the ex-	emption st	ated in Se	ection 119.07(3)(i), Florida Statutes.	I further certify that the in	formation

Country

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:

CR2E037 (11/98)