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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004080 (5)**

1. Corporation Name

INTERCULTURAL LIBRARY CENTER, INCORPORATED

Principal Place of Business

**221 WEST HUBBARD AVE.
DELAND FL 32720**

Mailing Address

**221 WEST HUBBARD AVE.
DELAND FL 32720-5831**



3. Date Incorporated or Qualified
08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3397169

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

**WRIGHT, LILLIAN
221 WEST HUBBARD AVE.
DELAND FL 32720**

81 Name

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

83

84 City

FL

85 Zip Code

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 re-nesting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
NAME **WRIGHT, LILLIAN F**
STREET ADDRESS **221 WEST HUBBARD AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☒ DELETE
NAME **MARCIAL, JOSEPH M**
STREET ADDRESS **1180 SEMINOLE FARMS ROAD**
CITY-ST-ZIP **OSTEEN FL 32764-9110**

TITLE **DS** ☐ DELETE
NAME **JUDSON, SUZANNE**
STREET ADDRESS **343 LAFAYETTE PLACE**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE
NAME **PRESS, BOB**
STREET ADDRESS **422 W. NEW YORK AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE
NAME **HOLBERT, DOROTHY**
STREET ADDRESS **125 N. ADAMS AVE.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☒ DELETE
NAME **HART, MICHAEL**
STREET ADDRESS **148 OAK DRIVE**
CITY-ST-ZIP **DELAND FL 32720**

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 **ROBERT S. SILVER, PhD**
2.3 STREET ADDRESS **242 N. SHERIDAN AVE**
2.4 CITY-ST-ZIP **Orlando, FL 32720**

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 **DANIEL BALLUM**
6.3 STREET ADDRESS **117 S. WOODLAND BLVD**
6.4 CITY-ST-ZIP **Orlando FL 32720**

14. I do 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 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: *Lillian F. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (904) 738-4242
Date Daytime Phone # 0013375

CR2E037 (9/96)