

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004080 (5)

1. Corporation Name

INTERCULTURAL LIBRARY CENTER, INCORPORATED

Principal Place of Business

Mailing Address

221 WEST HUBBARD AVE.
DELAND FL 32720

221 WEST HUBBARD AVE.
DELAND FL 32720

3. Date Incorporated or Qualified

08/05/1996

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME WRIGHT, LILLIAN F
STREET ADDRESS 221 WEST HUBBARD AVE.
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ DELETE

NAME SITLER, ROBERT P
STREET ADDRESS 212 N. SHERIDAN AVE.
CITY-ST-ZIP DELAND FL

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 BOSSOM, JANET
STREET ADDRESS 1125 WOODLAND BLVD.
CITY-ST-ZIP DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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

1-16-98

CR2E037 (10/97)