

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90111 029 \*\*\*\*61.25

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**DOCUMENT # N96000004080**

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
2 4 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
4 2 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition  
62 NAME **BOLLUM, JANET**  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

*Lillian F. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)