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FILE NOW:	FILING	FEE IS	\$61.25
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Amended

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT -5 AM 9:00

OCUMENT # N96	000004080	
Corporation Name	TDDADY GOVERN	
221 WST HIBBLAF	PRANCE NAME OF THE PROPERTY OF	
DUIAND, MARIDA	32720	
		<u>.</u>
incipal Place of Business	Mailing Address	

221 WEST GYBBARD AVENUE DELAND, FEORIDA 32720

											1			
2	Principal Place				2a	. Mailing Address					3. Date Incorporated or Qualifed			
21	221 %	UST H	UBBAI	RD AVE.	26	SAME					AUGUST 5, 1996			
	Suite Ant # P		, <u> </u>			Suite, Apt. #, etc.					4. FEI Number		T	Applied For
22		- , - 'L	OML).	-	27						59-3397169			Not Applicable
23	City & State	D, FL	ORIDA	\ \	28	City & State					5. Certifcate of Status Desired			75 Additional e Required
	Zip		Count	•		Zip		Coun	itry		6. Election Campaign Financing		\$5	.00 May Be
24	32720) [2	5 VC	DLUSIA	29	same	30	SA	ME	:	Trust Fund Contribution	L		ded to Fees
	9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
	[1] L[1]	AH F	WRIG	SHT.				7	81	Name (RAME			
221 MEST HUBBARD AVENUE							ſ	62	Street Address (P.O. Box Number is Not Acceptable)					
ĺ	DETAID, FLORIDA 32720						L		10/13/390100201					
								83						
	l.							Ţ.	84	City	李秋 柳柳	*61 <u>C</u> 2	85	物物品1.25

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 applicab	le (NOTE R	egistered Agent signature re-	guired when religitating) DATE		
12.	OFFICERS AND DIRECTORS	S	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TI'LE -	VICE CHATREERSON	⊠ DELETE	1.1 TITLE	D .	Change	Addition
NAME _	629 NO PALMETTO AVE.		12NAME JANET	BOLLUM		
STREET ADDRESS	025 NO PADRETTO AVE.		1.3 STREET ADDRESS	628 NO PALMETTO AVE.		
CITY-ST-ZIP	DELAND, FL #0&0)		1.4 CITY-ST-ZIP	DELAND, FL 32720		
TITLE	SECRETARY	△ DELETE	2.1 TITLE	secretary	☐ Change	Addition
NAME	STIZANNE JUDSON		2.2 NAME	S'IE HATTON		
STREET ADDRESS	343LAPAYETTE PLACE		2.3 STREET ADDRESS	624 KAJE DRIVE		
CiTY-ST-ZiP	DELAND, ML 32720		2.4 CITY-ST-ZIP	DELAND, 'L 32724-1305		
TITLE	Board Member	DELETE	3.1 TITLE	Ruth Steen Board Member	☐ Change	**XAddition
NAME	MICHAEL HART		3.2 NAME	250 McDonald Avenue		
STREET ADDRESS			3.3 STREET ADDRESS	DeLand FL 32720		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>		
TITLE	BOARD MEMBER	DELETE	4.1 TITLE	Board Member	Change	Addition
NAME	VICTORIA J. GPIMM		4.2 NAME	Helen Worthy		
STREET ADDRESS			4.3 STREET ADDRESS	814 Longwood Ave _ P.O.	Box 201	5
CITY-ST-ZIP	DELAND, PL 3-120		4.4 CITY-ST-ZIP	De Land FL 32720		
TITLE	BOARD MEMBER Christine Th	ONOSONE	5.1 TITLE	Board Member	☐ Change	Addition
NAME	2330 EAST NEW YORK AVENUE	ompoot.	5.2 NAME	Solveig Krumins		
STREET ADDRESS	DELAND FL 32724		5.3 STREET ADDRESS	2950 Heather Avenue		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Deltona FL 32738		
TITLE	Board Member	E DELETE	6.1 TITLE	Board Member	☐ Change	Addition
NAME	Laurna Townley		6.2 NAME	Raymond Coulombe D		
STREET ADDRESS			6.3 STREET ADDRESS	245 No Hill Ave		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DeLand FL 32724		_1

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING APPICER OR DIRECTOR

14 904-738-4242 Deview Priore 9 - AMENDED NONPROFIT CORPORATIONAMMUAL REPORT Additional Additions/changes to Officers &

Directors - InterCultural Library Center



Addition

Board Member Eleanor Conlombe

245 No Hill Avenue DeLand, PL 32724

Robert Sitler- Vice Chair Addition 212 Morth Sheridan Avenue DeLand, FL 32720

Board Member Addition

Barbara Keene 1790 No Clara Ave DeLand FL 32720

Addition Board Member

Thelma Martin 201 West Division Street Deland F1 32720

Board Member Bob Press 1131 Lemonwood Road DeLand FL 32724

Change