

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N14608 (6)**

1. Corporation Name

**JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.**



Principal Place of Business

Mailing Address

C/O JUDITH L. WILLIAMS  
122 N. OCEAN STREET  
JACKSONVILLE FL 32202

C/O JUDITH L. WILLIAMS  
122 N. OCEAN STREET  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**04/28/1986**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-2836110**

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

WILLIAMS, JUDITH L.  
122 NORTH OCEAN STREET  
JACKSONVILLE FL 32202

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, TED S.	
STREET ADDRESS	1301 SOUTH 1ST. ST. #1501	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CANNON, RITA	
STREET ADDRESS	3839 HUNT CLUB RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, KATHERINE E. ESQ.	
STREET ADDRESS	1887 GREEN HERON CT.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JUDITH L.	
STREET ADDRESS	122 N. OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CHAIRMAN	<input type="checkbox"/> DELETE
NAME	RICHARD K. JONES, ESQ.	
STREET ADDRESS	501 W. BAY ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	POLLY W. PURCIFULL	
STREET ADDRESS	12940 RIVERPLACE COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

1.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TED S. JOHNSON	
1.3 STREET ADDRESS	1301 South 1st. St. #1501	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
2.1 TITLE	VICE CHAIR - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RITA CANNON	
2.3 STREET ADDRESS	3839 HUNT CLUB RD.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
3.1 TITLE	TD!	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBBIE WHITE	
3.3 STREET ADDRESS	1992 SAN MARCO BLVD.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
4.1 TITLE	90000174158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-03/13/96--01054--018	
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE	Chairman - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD K. JONES, ESQ	
5.3 STREET ADDRESS	501 W. BAY ST	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
6.1 TITLE	SECRETARY - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	POLLY W. PURCIFULL	
6.3 STREET ADDRESS	12940 Riverplace Court	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Judith L. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Judith L. Williams

2/17/96

Date

904-630-1996

Daytime Phone #

CR2E037 (12/95)

*PM 3-15-96*