## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(6)

JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

## **FILED** May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							)	fit aieil diail d	11811 81811 1881
CORNELL SYLVIA C. Kenneth G. Sivulich UDITULXWILLIAMS Kenneth G. Sivulich CEAN STREET  122 N. OCEAN STREET  JACKSONVILLE FL 32202  JACKSONVILLE FL 32202						04/28/1986			
US						. FEI Number 59-2836110		<del></del>	pplied For
2 Principal Pi	2. Principal Place of Business 2a. Malling Address					38-2030 I IU	· · · · · · · · · · · · · · · · · · ·	<del></del>	lot Applicable
21	26				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	City & State City & State				7.	7. Is this nonprofit corporation a homeowners association?			
Zip	Country Zip			Country		8. This corporation owes or has paid the current year Intaggible			
24	25	29	30	iii y	8.	•		_	No No
24)		ne and Address of Current Registered Agent			Personal Property Tax due June 30. Yes Y No  10, Name and Address of New Registered Agent				
				Name	<del></del>		, , , , , , , , , , , , , , , , , , , ,	71000	
CODNE	+ ~ <b>*</b> * * * * * * * * * * * * * * * * * *			Kei	nneth-	G_Sivulich			
CORNELLXSYLYIAXC 122 NORTH OCEAN STREET				32 Street	Address (F	neth_G_Sivullich ddress (P.O. Box Number Is Not Acceptable)			
	NVILLE FL 32202		l.	93		<del>,.,</del>			
UNCINOC	ITTILL I L SEZUE		L.						
			i	City			FL	<b>85</b> 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 Permett Swelich									
SIGNATORE _	Signature typed or printed name of registered ago	nt and title it applicable (NO)	E: Registered	Agent signature	e required whe	n reinstating)	DATE		
12.	OFFICERS ANI		13.		_	ADDITIONS/CHANGES TO C	FFICERS AND		RS IN 12
TALE			1.1 T(T)	E	CD			Change	Addition
NAME	JOHNSON, TED S		1.2 NAJ	1.2 NAME Sa		n Shilling			
STREET ADDRESS	1301 SOUTH 1ST. ST. #1501			1 2 CYDEET ADODECC		22 N Ocean Street			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250			4 CITY-ST-ZIP			<del>-32202</del> -	T-1 -	
TITLE	VC/D DELETE		2.1 T(T)	2,1 1110.0		JKJ0111110, 1B	00000	L Change	Addition
NAME	CANNON, RITA		2.2 NAJ	2.2 NAME					
STREET ADDRESS	\$839 HUNT CLUB RD.		2.3 STP	2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32224		_	2. 4 CITY-ST-ZIP				TT 2.	
TITLE	DELETE		3.1 TITI	3.1 TITLE				Change	☐ Addition
NAME	WILSON, KATHERINE E ESQ			AE .					
STREET ADDRESS	CSX TRANSPORTATION, DIR FGHT DMGE PREV			EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL	7-1		Y-ST-ZIP	<del>                                     </del>		<u>.</u>	T-3 &	
TITLE	CD	x <b>∑</b> x0€lete	4.1 TIT		Des	ot Chain		x Change	☐ Addition
NAME	JONES, RICHARD K ESQ			4. 2 NAME		Past Chair			
STREET ADDRESS	501 W BAY ST			4.3 STREET ADDRESS		Same address as left column			
CITY-ST-ZIP	JACKSONVILLE FL 32202			-ST-ZIP	ļ			<del></del>	
TITLE	_		5.1 TITE					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP			_	r-St-ZIP	ļ				
TITLE		☐ DELETE	6.1 TITU					☐ Change	☐ Addition
NAME			6.2 NA)	1E	!				
STREET ADDRESS			6.3 STR	eet address					ļ
CITY-ST-ZIP			6.4 CIT	-ST-ZIP	<u> </u>				

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.

4-19-98