

2000 UNIFORM BUSINESS REPORT

DOCUMENT # N14608

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-20-2000 90022 031 ****61.25

1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Principal Place of Business Mailing Address
 KENNETH G SIVULICH
 122 N. OCEAN STREET
 JACKSONVILLE FL 32202
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2836110** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNETH G SIVULICH
122 NORTH OCEAN STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Kenneth Sivulich* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
 13, 2000 min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | SALLYN SHILLING | |
| STREET ADDRESS | 122 N OCEAN ST | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32202 | |
| TITLE | VC/D | <input checked="" type="checkbox"/> Delete |
| NAME | CANNON, RITA | |
| STREET ADDRESS | 3839 HUNT CLUB RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILSON, KATHERINE E ESQ | |
| STREET ADDRESS | CSX TRANSPORTATION, DIR FGHT DMGE PREV | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PP | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, RICHARD K ESQ | |
| STREET ADDRESS | 501 W BAY ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | NESBITT, CATHERINE | |
| STREET ADDRESS | 4401 LAKESIDE DRIVE #104 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | PP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sallyn Shilling Pajcic | |
| STREET ADDRESS | 4937 Dixie Landing Drive | |
| CITY-ST-ZIP | Jacksonville, FL 32224 | |
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cannon, Rita | |
| STREET ADDRESS | 11457 Fort George Road | |
| CITY-ST-ZIP | Jacksonville, FL 32226 | |
| TITLE | Vice Chair T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael Barile | |
| STREET ADDRESS | 500 Bishopgate Lane | |
| CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

Rita R. Cannon 7/11/00 904 251 953
 Chairman Date Daytime Phone #