FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25333 (8)

1. Corporation Name

FRIENDS OF THE HIGHLANDS BRANCH LIBRARY, INC.

Principal Place of Business	Mailing Address
1826 DUNN AVE JACKSONVILLE FL 32218	1826 DUNN AVE JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1988
3a. Date of Last Report: 09/23/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
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
BURCH,JEANETTE 10433 VILLANOVA RD JACKSONVILLE FL 32218	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BURCH,JEANETTE	1.2 NAME		
STREET ADDRESS	10433 VILLANOVA RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	T/D	☑ Change ☐ Addition
NAME	HIGGINBOTHAM,DOROTHY D.	2.2 NAME	Higginbotham, Dorothy D.	
STREET ADDRESS	12895 GERALD RD	2.3 STREET ADDRESS	12895 Gerald Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	Box X, Fl, 32218	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BROGAN, IANTHA	3.2 NAME		
STREET ADDRESS	4241 KEY VEGA CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, EDNA	4.2 NAME		
STREET ADDRESS	605 BLUE GILL RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINBOTHAM, DOROTHY	5.2 NAME		
STREET ADDRESS	12895 GERALD RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, NORMA	6.2 NAME		
STREET ADDRESS	2306 VILLANOVA CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Dorothy D. Higginbotham 2-27-1995 904-765-9608
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy D. Higginbotham

0026800