

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001998

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC8336451193**

**Entity Name:** FRIENDS OF THE BOOKMOBILE OF ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

%ST.JOHNS CO. PUBLIC LIBRARY SYSTEM  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

%ST.JOHNS CO. PUBLIC LIBRARY SYSTEM  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**FEI Number: 36-4653133**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FREDERICK, BETTY B  
6670 US 1 SOUTH  
ST. AUGUSTINE, FL 32086 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FREDERICK, BETTY B.  
Address %ST.JOHNS CO. PUBLIC LIBRARY SYSTEM  
6670 US 1 SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32086  
  
Title SD  
Name TRAYLOR, ALINE  
Address 1000 VICAR'S LANDING WAY #C-308  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VD  
Name GOLDSTEIN, JOAN  
Address 468 CASTANO STREET  
City-State-Zip: ST. AUGUSTINE FL 32086  
  
Title TD  
Name DAVENPORT, PATRICIA  
Address 502 GERONA RD.  
City-State-Zip: ST. AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BETTY B. FREDERICK**

**PRESIDENT**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date