

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14608

FILED
Feb 02, 2021
Secretary of State
8474818530CC

Entity Name: JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Current Principal Place of Business:

303 NORTH LAURA ST
RM. 331
JACKSONVILLE, FL 32202

Current Mailing Address:

303 NORTH LAURA STREET
RM. 331
JACKSONVILLE, FL 32202 US

FEI Number: 59-2836110

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCILVAINE, KATHY
303 NORTH LAURA ST
RM. 331
JACKSONVILLE, FL 32202 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: KATHY MCILVAINE

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ROGERS, TIMOTHY
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HYDE, KEVIN E.
Address 3543 PINE STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name HILLIN, ZILLA
Address 671 FREDERIC DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title CHAIRMAN
Name MCILVAINE, KATHY
Address 8217 BAY TREE LANE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SINDHU, SADIA
Address 9935 CHELSEA LAKE RD.
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name LEDDY, PATRICK
Address 4237 ATLANTIC BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name FASSI, CARLO
Address 1401 RIVERPLACE BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name GNAGE, MARIE PHD
Address 11576 SUMMER HAVEN BLVD.
City-State-Zip: JACKSONVILLE FL 32258

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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: KATHY MCILVAINE

CHAIR

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STROUD, JULIA
Address 4220 ORO PLACE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name TOMAS, AUTUMN
Address 9368 ARBOR OAK LANE
City-State-Zip: JACKSONVILLE FL 32208