

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14608

FILED
Jan 25, 2016
Secretary of State
CC5122167205

Entity Name: JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Current Principal Place of Business:

303 NORTH LAURA ST
SUITE 334
JACKSONVILLE, FL 32202

Current Mailing Address:

PO BOX 40103
JACKSONVILLE, FL 32203-0103 US

FEI Number: 59-2836110

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHASSMAN, ROBERT J.
8210 SHADE TREE COURT
JACKSONVILLE, FL 32256 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: ROBERT J. CHASSMAN

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WOOD, MARK S.
Address 1286 PONTE VEDRA BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title CHAIRMAN
Name HARWOOD-NUSS, ANN L. DR.
Address 8151 BLUE JAY LANE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name JOHNSON, MEREDITH
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER, DIRECTOR
Name CHASSMAN, ROBERT J.
Address 8210 SHADE TREE COURT
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SMATHERS, SUSAN G.
Address 4051 TIMUQUANA ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name PERMENTER SKITSKO, PAULA
Address 4561 ORTEGA BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name GUBBIN, BARBARA A.
Address 303 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

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

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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: ROBERT J CHASSMAN

TREASURER

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WESLEY, JANET M.
Address 1100 HAGLER DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32266

Title DIRECTOR
Name ALBANEZE, ROBIN
Address 8148 BLUE JAY LANE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SIMMONS-HUTCHINS, BRENDA R. DR.
Address 1005 TURTLE CREEK DR N
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name WEATHERLY, KAITLYN
Address 100 MAGNOLIA ST. #4205
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY, DIRECTOR
Name DEVOOGHT, CARLTON A.
Address 1730 RIVER OAKS ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name LAZZARA WYNNE, JESSICA
Address 2906 ABACO LANE
City-State-Zip: JACKSONVILLE BEACH FL 32250

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