

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14608

**Entity Name:** JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**0732077369CC**

**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: No**

**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

01/27/2022

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

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

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

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

Title DIRECTOR - BOLT LIASON  
Name BERG, VIRGINIA  
Address 4154 CHURCHWELL ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name SAUNDERS, NICOLE  
Address 2633 COUNTRY SIDE DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name MILLIRON, KELLY  
Address 7385 PARK VILLAGE DR.  
APT. 6407  
City-State-Zip: JACKSONVILLE FL 32256

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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

**CHAIRMAN**

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NAYLOR, RICHARD B.  
Address        12264 BUCKS HARBOR DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32225

Title           DIRECTOR  
Name           FINOTTI, JOHN  
Address        TUCKER HALL  
                  1301 RIVERPLACE BLVD SUITE 1300  
City-State-Zip: JACKSONVILLE FL 32207