

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14608

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

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC7123780178**

**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:**

EDELMAN, DAN  
6622 SOUTHPOINT DRIVE SOUTH  
SUITE 495  
JACKSONVILLE, FL 32216 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           DIRECTOR  
Name           COKER, HOWARD  
Address        136 E. BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title           CHAIRMAN  
Name           EDELMAN, DANIEL  
Address        622 SOUTHPOINT DRIVE S., SUITE  
                  495  
City-State-Zip: JACKSONVILLE FL 32216

Title           DIRECTOR  
Name           HICKS, ANN  
Address        4705 ORTEGA BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

Title           DIRECTOR  
Name           HARWOOD-NUSS, ANN  
Address        8151 BLUE JAY LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title           SECRETARY  
Name           BIRR, JAMES III  
Address        225 WATER STREET, SUITE 1750  
City-State-Zip: JACKSONVILLE FL 32202

Title           TREASURER  
Name           BRUNET-GARCIA, DIANE  
Address        1510 HENDRICKS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

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

Title           DIRECTOR  
Name           SELZER, JIM  
Address        11191 CHESTER LAKE ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32256

**Continues on page 2**

*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: DANIEL EDELMAN**

**CHAIRMAN**

**02/11/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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