

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14608

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

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC3929381341**

**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:**

HUDSON-SMITH, C. SUZANNE  
421 W. CHURCH STREET  
APT. # 320  
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: C. SUZANNE HUDSON-SMITH**

**01/16/2014**

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 L.  
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 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 SELZER, JIM W.  
Address 11191 CHESTER LAKE ROAD WEST  
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: C. SUZANNE HUDSON-SMITH**

**EXECUTIVE DIRECTOR**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GUBBIN, BARBARA A.  
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 EXECUTIVE DIRECTOR  
Name HUDSON-SMITH, C. SUZANNE  
Address 421 W. CHURCH STREET  
APT. #320  
City-State-Zip: JACKSONVILLE FL 32202