

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14608

**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:** No

**Name and Address of Current Registered Agent:**

SELF, MICHAEL J.  
1401 CHALLEN AVE  
JACKSONVILLE, FL 32205 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:** MICHAEL J. SELF

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR, CHAIRMAN  
Name ALBANEZE, ROBIN  
Address 8148 BLUE JAY LANE  
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:** MICHAEL SELF

EXECUTIVE DIRECTOR

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ANSBACHER, SYBIL  
Address 2008 STRAND STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

Title PRESIDENT  
Name SELF, MICHAEL J  
Address 303 NORTH LAURA ST  
SUITE 334  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title DIRECTOR  
Name MERRITT, KENYON VARN  
Address 12519 SHADY CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32223