

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045085

**Entity Name:** SAVE OUR PUBLIC LIBRARIES, INC.

**FILED  
Apr 22, 2016  
Secretary of State  
CC9193427415**

**Current Principal Place of Business:**

1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE, FL 32207-1811

**Current Mailing Address:**

P.O. BOX 380057  
JACKSONVILLE, FL 32205-0557 US

**FEI Number: 80-0721189**

**Certificate of Status Desired: No**

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

BRINTON, WILLIAM D  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207-1811 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 D,ST  
Name BRINTON, WILLIAM D  
Address 1301 RIVERPLACE BOULEVARD,  
SUITE 1500  
City-State-Zip: JACKSONVILLE FL 32207-1811

Title D,P  
Name GIBSON, AUDREY  
Address 1038-5 DUNN AVENUE, #46  
City-State-Zip: JACKSONVILLE FL 32218-6357

Title D,VP  
Name REAGAN, HARRY  
Address 55 W. 9TH STREET  
City-State-Zip: JACKSONVILLE FL 32206-3602

Title AT  
Name KAMPS-STEWART, HELENE  
Address 1092 INGLESIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205-5269

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM D. BRINTON**

**SECRETARY**

**04/22/2016**

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

\_\_\_\_\_  
Date