


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 019 ****61.25

DOCUMENT # N14608			
1. Entity Name JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.			
Principal Place of Business 122 N OCEAN STREET ROOM 330 JACKSONVILLE, FL 32202-3374 US		Mailing Address PO BOX 40103 JACKSONVILLE, FL 32202-3374 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARILE, MICHAEL EX-D 422 NORTH OCEAN STREET ROOM 330 JACKSONVILLE, FL 32202-3374		Name <u>Kathryn E. Redington</u> Street Address (P.O. Box Number is Not Acceptable) <u>122 N. Ocean Street, Room 330</u> City <u>Jacksonville</u> FL Zip Code <u>32202</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Kathryn E. Redington</u>		DATE <u>8/18/04</u>	
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAJJCIC, SALLYN S	NAME	
STREET ADDRESS	4937 DIXIE LANDING DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, MICHAEL	NAME	
STREET ADDRESS	1830 AVONDALE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANEZE, DAVID	NAME	
STREET ADDRESS	7820 JAMES ISLAND TRAIL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JEANNE	NAME	
STREET ADDRESS	1506 PRUDENTIAL DRIVE STE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAJJCIC, SALLYN	NAME	
STREET ADDRESS	4937 DIXIE LANDING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kathryn E. Redington</u>		DATE: <u>8/18/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>904-630-1995</u>	

54069739



06242004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2836110** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required