2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 07, 2006 8:00 am
Secretary of State
08-07-2006 90044 014 ****61.25

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1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
122 N OCEAN STREET ROOM 330 JACKSONVILLE, FL 32202-3374 US	PO BOX 40103 JACKSONVILLE, FL 32202-3374 US

07192006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
303 North Laura Street	PO Box 40103
Suite, Apt. #, etc.: 334	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32202 Country: US	Zip: 32203-0103 Country: US

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REDINGTON, KATHRYN E
122 NORTH OCEAN STREET
ROOM 330
JACKSONVILLE, FL 32202-3374

7. Name and Address of New Registered Agent

Name: Hightower, Maggie
Street Address (P.O. Box Number is Not Acceptable): 303 North Laura street Room 337
City: Jacksonville FL Zip Code: 32202

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 _____ 7/19/06
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 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PAJCIC, SALLYN S 4937 DIXIE LANDING DR JACKSONVILLE, FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD, Chair Hightower, Michael 1850 Seminole Rd. Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HIGHTOWER, MICHAEL 1830 AVONDALE CIRCLE JACKSONVILLE, FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD, Vice Chair Ward, Jeanne 1560 Prudential Dr, STE 102 Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBANEZE, DAVID 7820 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARD, JEANNE 1506 PRUDENTIAL DRIVE STE 102 JACKSONVILLE, FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOVET, BETSY 3945 ORTGA BLVD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Hightower 7/19/06 (904)905-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #