## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N14608**

1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.



**FILED** Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90044 014 \*\*\*\*61.25



122 NOTAL STREET  PO BOX 40103  ACKSONVILLE, FL 32202-3374 US  ACKSONVILLE, FL 32202-3374  Dete:  PACIC, SALLYN B.  B. The above named crity activities this automort for the purpose of changing its registreed diffue or registered diffue or registered deport, or both, in the State of Fiorida Department of States  To Company  PACIC, SALLYN B.  B. The above named crity activities this automort for the purpose of changing its registreed diffue or registered deport, or both, in the State of Fiorida Department of States  To Company  PACIC, SALLYN B.  PRINTING Poe is 361-26  To CFECER AND DIRECTORS IN 19.  The above named crity activities this automort for the purpose of changing its registreed diffue or registered deport, or both, in the State of Fiorida Department of States  To Company  PACIC, SALLYN B.  PRINTING Poe is 361-26  To CFECER AND DIRECTORS IN 19.  The above named crity activities this automort for the purpose of changing its registreed diffue or registered deport, or both, in the State of Fiorida Department of States  To Company  PACIC, SALLYN B.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19.  The above named crity activities the purpose of changing its registreed diffue or registered deport, or both, in the State of Fiorida Department of States  To CRESSON VILLE, FL 32204  To CRESSON VILLE, FL 32205  To CRESSON VILLE, FL 32207  To CRESSON VILLE, FL	122 N OCEAN STREET PO BOX 40103 ROOM 330 JACKSONVILLE, FL 32202-3374 US JACKSONVILLE, FL 32202-3374 US	
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S. Certificate of Status Description  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Certification of New Regi	Zip Country Zip Country\$8.75 a	<del></del>
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included on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: