

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N14608

1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.



Principal Place of Business
303 NORTH LAURA ST
SUITE 334
JACKSONVILLE, FL 32202 US

Mailing Address
PO BOX 40103
JACKSONVILLE, FL 32203-0103 US

FILED

2007 OCT -2 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262007 Chg-NP CR2E037 (12/06)

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

HIGHTOWE, MAGGIE
303 NORTH LAURA ST
ROOM 337
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name HIGHTOWER, MAGGIE

Street Address (P.O. Box Number is Not Acceptable)
303 N. LAURA STREET

Room 334

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 *Maggie Hightower*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sept. 26, 2007

DATE

Amended AR is \$61.25

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

TITLE
NAME CDC
STREET ADDRESS HIGHTOWE, MICHAEL
CITY-ST-ZIP 1850 SEMINOLE RD
JACKSONVILLE, FL 32205 ☒ Delete

TITLE
NAME CDVC
STREET ADDRESS WARD, JEANNE
CITY-ST-ZIP 1860 PRUDENTIAL DR SUITE 102
JACKSONVILLE, FL 32256 ☒ Delete

TITLE
NAME TD
STREET ADDRESS ALBANEZE, DAVID
CITY-ST-ZIP 7820 JAMES ISLAND TRAIL
JACKSONVILLE, FL 32256 ☒ Delete

TITLE
NAME SD
STREET ADDRESS LOVET, BETSY
CITY-ST-ZIP 3945 ORTGA BLVD
JACKSONVILLE, FL 32210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME CD
STREET ADDRESS LOVETT, BETSY
CITY-ST-ZIP P.O. Box 40103
JACKSONVILLE, FL 32203 ☐ Change ☒ Addition

TITLE
NAME TD
STREET ADDRESS ROBERT B. MAIN
CITY-ST-ZIP P.O. Box 40103
JACKSONVILLE, FL 32203 ☐ Change ☒ Addition

TITLE
NAME SD
STREET ADDRESS JOHN BURR
CITY-ST-ZIP P.O. Box 40103
JACKSONVILLE, FL 32203 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Maggie Hightower*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 26, 2007

DATE

DAYTIME PHONE #

10/1/07