


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N14608
 1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.



Principal Place of Business Mailing Address
303 NORTH LAURA ST **PO BOX 40103**
SUITE 334 **JACKSONVILLE, FL 32203-0103 US**
JACKSONVILLE, FL 32202 US

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2836110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HIGHTOWER, MAGGIE
303 NORTH LAURA ST
ROOM 334
JACKSONVILLE, FL 32202

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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: *M Hightower* 1/7/08
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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000783533
 01/16/08-80018-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LOVETT, BETSY P.O.BOX 40103 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAIN, ROBERT B P.O.BOX 40103 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURR, JOHN P.O.BOX 40103 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *M Hightower* 1/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #