

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14608

FILED  
Jul 20, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

**Current Principal Place of Business:**

303 NORTH LAURA ST  
SUITE 334  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40103  
JACKSONVILLE, FL 322030103 US

**New Mailing Address:**

**FEI Number:** 59-2836110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HIGHTOWER, MAGGIE  
303 NORTH LAURA ST  
ROOM 334  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LOVETT, BETSY  
Address: P.O.BOX 40103  
City-St-Zip: JACKSONVILLE, FL 32203

Title: TD ( ) Delete  
Name: MAIN, ROBERT B  
Address: P.O.BOX 40103  
City-St-Zip: JACKSONVILLE, FL 32203

Title: SD ( ) Delete  
Name: BURR, JOHN  
Address: P.O.BOX 40103  
City-St-Zip: JACKSONVILLE, FL 32203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: TAYLOR, JULIA  
Address: P.O.BOX 40103  
City-St-Zip: JACKSONVILLE, FL 32203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTICIA BURRELL

OM

07/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date