2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14608

FILED Jul 20, 2009 Secretary of State

303 NORTH LAURA ST SUITE 334 JACKSONVILLE, FL 32202 US Current Mailing Address: PO BOX 40103 JACKSONVILLE, FL 322030103 US FEI Number Applied For () FEI Number Applied For () In accordance with s. 607, 1993(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 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: CD () Delete Name: LOVETT, BETSY Name: NAMIN, ROBERT B Name: MAIN, ROBERT B Name: TAYLOR, JULIA Name: TAYLOR, JULIA Name: TAYLOR, JULIA Naddress: P.O. BOX 40103 Name: TAYLOR, JULIA Naddress: P.O. BOX 40103 Name: TAYLOR, JULIA Naddress: P.O. BOX 40103			
303 NORTH LAURA ST SUITE 334 JACKSONVILLE, FL 32202 US Current Mailing Address: PO BOX 40103 JACKSONVILLE, FL 322030103 US FEI Number Applied For () FEI Number Applied For () In accordance with s. 607.199(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 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: CD () Delete Name: LOVETT, BETSY Name: Address: P.O. BOX 40103 Address: P.O. BOX 40103 City-St-Zip: JACKSONVILLE, FL 32203	Entity Na	me: JACKSONVILLE PUBLIC LIB	RARIES FOUNDATION, INC.
Current Mailing Address: PO BOX 40103 JACKSONVILLE, FL 322030103 US FEI Number: 59-2836110 FEI Number Applied For () 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 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: CD () Delete Name: LOVETT, BETSY Name: LOVETT, BETSY Name: LOVETT, BETSY Name: DO BOX 40103 Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: Title: VD (X) Change () Addition Name: TAYLOR, JULIA	Current P	rincipal Place of Business:	New Principal Place of Business:
Current Mailing Address: PO BOX 40103 JACKSONVILLE, FL 322030103 US FEI Number: 59-2836110 FEI Number Applied For () 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 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	SUITE 334	4	
PO BOX 40103 JACKSONVILLE, FL 322030103 US FEI Number: 59-2836110		,	
JACKSONVILLE, FL 322030103 US FEI Number: 59-2836110	Current IV	lailing Address:	New Mailing Address:
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Name and Address of Current Registered Agent: HIGHTOWER, MAGGIE 303 NORTH LAURA ST ROOM 334 JACKSONVILLE, FL 32202 US 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			For () FEI Number Not Applicable () Certificate of Status Desired () ation did not receive the prior notice.
303 NORTH LÂURA ST ROOM 334 JACKSONVILLE, FL 32202 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title:			
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: CD () Delete Name: LOVETT, BETSY Address: P.O.BOX 40103 City-St-Zip: JACKSONVILLE, FL 32203 Title: TD () Delete Title: () Change () Addition Name: MAIN, ROBERT B Address: P.O.BOX 40103 City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: JACKSONVILLE, FL 32203 Title: SD () Delete Title: VD (X) Change () Addition Name: Name: BURR, JOHN Name: BURR, JOHN Name: TAYLOR, JULIA Address: P.O.BOX 40103	303 NORT ROOM 33 JACKSON	FH LÂURA ST 4 IVILLE, FL 32202 US	nt for the purpose of changing its registered office or registered agent, or both
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: CD () Delete Title: () Change () Addition Name: LOVETT, BETSY Name: Address: P.O.BOX 40103 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MAIN, ROBERT B Name: Address: P.O.BOX 40103 Address: P.O.BOX 40103 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: MAIN, ROBERT B Name: Address: City-St-Zip: Title: SD () Delete Title: VD (X) Change () Addition Name: BURR, JOHN Name: TAYLOR, JULIA Address: P.O.BOX 40103			nt for the purpose of changing its registered office of registered agent, or both,
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Name: LOVETT, BETSY Name: Address: P.O.BOX 40103 Address: City-St-Zip: JACKSONVILLE, FL 32203 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MAIN, ROBERT B Name: Address: P.O.BOX 40103 Address: City-St-Zip: City-St-Zip: Title: SD () Delete Title: VD (X) Change () Addition Name: BURR, JOHN Name: TAYLOR, JULIA Address: P.O.BOX 40103 Address: P.O.BOX 40103	OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
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Name: BURR, JOHN Name: TAYLOR, JULIA Address: P.O.BOX 40103 Address: P.O.BOX 40103	Name: Address:	MAIN, ROBERT B P.O.BOX 40103	Name: Address:
	Name: Address:	BURR, JOHN P.O.BOX 40103	Name: TAYLOR, JULIA Address: P.O.BOX 40103

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