2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90242 012 ****61.25

DOCUMENT # N14608

1. Entity Name
JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
122 N OCEAN STREET ROOM 330 JACKSONVILLE FL 32202-3374 US	C/O JACKSONVILLE PUBLIC LIBRARY 122 N. OCEAN STREET ROOM 330 JACKSONVILLE FL 32202-3374 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 40103
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32203-0103 / Country

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	7. Name and Address of New Registered Agent
BARILE, MICHAEL EX D 122 NORTH OCEAN STREET ROOM 330 JACKSONVILLE FL 32202-3374	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Michael Barile DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CANNON, RITA 11457 FT GEORGE ROAD JACKSONVILLE FL 32202-3374	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair (CD) Sallyn S. Pajcic 4937 Dixie Landing Dr. Jacksonville, FL 32224 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HIGHTOWER, MICHAEL 1830 AVONDALE CIRCLE JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBANEZE, DAVID 7820 JAMES ISLAND TRAIL JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARD, JEANNE 1506 PRUDENTIAL DRIVE STE 102 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAJCIC, SALLYN 4937 DIXIE LANDING DRIVE JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past Chair Rita Cannon 11457 Ft. George Rd. Jacksonville, FL 32226 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sallyn S. Pajcic SIGNATURE REQUIRED Sallyn S. Pajcic, Chair 14 Feb. 2003
Name of Officer or Director Date Daytime Phone #