


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 041 ****61.25

DOCUMENT # N27423 1. Entity Name FRIENDS OF THE JACKSONVILLE PUBLIC LIBRARY, INC.					
Principal Place of Business PO BOX 56831 JACKSONVILLE, FL 32241-6831			Mailing Address PO BOX 56831 JACKSONVILLE, FL 32241-6831		
2. Principal Place of Business - No P.O. Box # 303 N. LAURA ST.		3. Mailing Address 303 N. LAURA ST.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40112110</div>  <div style="margin-top: 10px;"> 04252007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32202		Country USA		4. FEI Number 59-1101666	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, RICHARD K 501 BAY STREET TAYLOR, MOSELY & JOYNER, ATTORNEYS JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD ROCHER, BYRON 6525 EVELYN DRIVE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PETERSON, JEANINE 4208 S RESERVOIR LANE JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACQUELYN NASH 3025 ALAMONT AVE E. JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURRAY, CYNTHIA 1876 RIVER ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUFF, BARBARA 8014 INTERNATIONAL VILLAGE DRIVE JACKSONVILLE, FL 32277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KAGEN, BURT 8707 NATHANS COVE COURT JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete OTT, CAMILLE 1263 NORWICH ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IVEY WOLPERT 335 RIO RD. JACKSONVILLE, FL 32277	
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: <i>Ivey C. Wolpert, Treasurer</i> (Ivey C. Wolpert) 4/26/07 904-757-5807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					