


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90242 010 \*\*\*\*61.25

<b>DOCUMENT # N27423</b> 1. Entity Name <b>FRIENDS OF THE JACKSONVILLE PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>303 N. LAURA ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>303 N. LAURA ST JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1101666</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, RICHARD K 501 BAY STREET TAYLOR, MOSELY &amp; JOYNER, ATTORNEYS JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROCHER, BYRON</b>		NAME		
STREET ADDRESS	<b>6525 EVELYN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NASH, JACQUELYN</b>		NAME		
STREET ADDRESS	<b>3025 ALAMONT AVE E.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURRAY, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>1876 RIVER ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUFF, BARBARA</b>		NAME		
STREET ADDRESS	<b>8014 INTERNATIONAL VILLAGE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAGEN, BURT</b>		NAME		
STREET ADDRESS	<b>8707 NATHANS COVE COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOLPERT, IVEY, Treas.</b>		NAME		
STREET ADDRESS	<b>335 RIO RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Ivey C. Wolpert, Treasurer FJPL</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					