

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27423

FILED
Apr 28, 2009
Secretary of State

Entity Name: FRIENDS OF THE JACKSONVILLE PUBLIC LIBRARY, INC.

Current Principal Place of Business:

303 N. LAURA ST
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

303 N. LAURA ST
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-1101666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RICHARD K
501 BAY STREET
TAYLOR, MOSELY & JOYNER, ATTORNEYS
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: D () Delete
Name: ROCHER, BYRON
Address: 6525 EVELYN DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD () Delete
Name: NASH, JACQUELYN
Address: 3025 ALAMONT AVE E.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: MURRAY, CYNTHIA
Address: 1876 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HUFF, BARBARA
Address: 8014 INTERNATIONAL VILLAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: KAGEN, BURT
Address: 8707 NATHANS COVE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: WOLPERT, IVEY TREAS
Address: 335 RIO RD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: IVEY WOLPERT

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date