


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45647</b> 1. Entity Name FRIENDS OF WILLOWBRANCH LIBRARY, INC.	
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Principal Place of Business 2875 PARK STREET JACKSONVILLE, FL 32205	Mailing Address 2875 PARK STREET JACKSONVILLE, FL 32205
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01082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3103399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROWELL, KEVIN 2816 POST ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRUETT, VIRGINIA 2950 ST JOHNS AVE#20 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, JO 1560 LANCASTER TERR #804 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEORELLO, ISABEL 1602 SEMINOLE RD JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLT, ANN 1804 AVONDALE CIRCLE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YARBOROUGH, MARGARET 1814 POWELL PLACE JACKSONVILLE, FL 32205

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:** Margaret M. Yarbrough Margaret M. Yarbrough 1/8/04 388-2509 (904)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defunct Phone #