
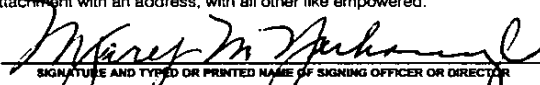


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90037 019 \*\*\*\*61.25

<b>DOCUMENT # N45647</b> 1. Entity Name <b>FRIENDS OF WILLOWBRANCH LIBRARY, INC.</b>					
Principal Place of Business <b>2875 PARK STREET JACKSONVILLE, FL 32205</b>			Mailing Address <b>2875 PARK STREET JACKSONVILLE, FL 32205</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3103399</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204</b>				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, 2006</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	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YARBOROUGH, MARGARET</b>		NAME	<b>Margaret Yarbrough</b>	
STREET ADDRESS	<b>1814 POWELL PLACE</b>		STREET ADDRESS	<b>1814 Powell Place</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRUETT, VIRGINIA</b>		NAME	<b>Roxanne Henkel</b>	
STREET ADDRESS	<b>2950 ST JOHNS AVE#20</b>		STREET ADDRESS	<b>2237 Oak Street</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, JO</b>		NAME	<b>Elaine Starling</b>	
STREET ADDRESS	<b>1560 LANCASTER TERR #804</b>		STREET ADDRESS	<b>3761 Sommers Street</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32204</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEORELLO, ISABEL</b>		NAME	<b>Helen Lyons</b>	
STREET ADDRESS	<b>1602 SEMINOLE RD</b>		STREET ADDRESS	<b>2747 Riverside Avenue</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLT, ANN</b>		NAME	<b>Pat McCarthy</b>	
STREET ADDRESS	<b>1804 AVONDALE CIRCLE</b>		STREET ADDRESS	<b>2769 Post Street</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FROSH, DEREK</b>		NAME	<b>Derek Frosh</b>	
STREET ADDRESS	<b>3244 HERSCHEL STREET</b>		STREET ADDRESS	<b>3244 Herschel Street</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32205</b>	
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> 			Margaret M. Yarbrough 1-6-06 388-2509 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		