

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45647

1. Entity Name
FRIENDS OF WILLOWBRANCH LIBRARY, INC.



Principal Place of Business
2875 PARK STREET
JACKSONVILLE, FL 32205

Mailing Address
2875 PARK STREET
JACKSONVILLE, FL 32205

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3103399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000956323
07/25/08-80003-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YARBOROUGH, MARGARET 1814 POWELL PLACE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARLING, ELAINE 3761 SOMMERS ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENKEL, ROXANNE 2237 OAK STREET JACKSONVILLE, FL 32205
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	D LYONS, HELEN 2747 RIVERSIDE AVE 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 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:

Margaret M. Yarbrough **Margaret M. Yarbrough** (904) 388-2509
7-21-08