

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45647

FILED
Apr 20, 2009
Secretary of State

Entity Name: FRIENDS OF WILLOWBRANCH LIBRARY, INC.

Current Principal Place of Business:

2875 PARK STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2875 PARK STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3103399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204 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: T () Delete
Name: YARBOROUGH, MARGARET
Address: 1814 POWELL PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: P () Delete
Name: STARLING, ELAINE
Address: 3761 SOMMERS ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: S () Delete
Name: HENKEL, ROXANNE
Address: 2237 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: FEORELLO, ISABEL
Address: 1602 SEMINOLE RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: HOLT, ANN
Address: 1804 AVONDALE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: LYONS, HELEN
Address: 2747 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

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
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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: MARGARET M. YARBOROUGH

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date