

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45647

FILED
Apr 17, 2011
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
Name: LYONS, BILL
Address: 2747 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: P
Name: JOHNSON, ALICIA
Address: 5059 LAWNVIEW ST.
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: VP
Name: CORRALES, ANGEL
Address: 1308 DANCY ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: VERNEY, PUDDIE
Address: 2775 ST. JOHNS AVE., #2
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: CROWELL, TAMARA
Address: 2160 MYRA ST.
City-St-Zip: JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

SIGNATURE: BILL LYONS

T

04/17/2011

Electronic Signature of Signing Officer or Director

Date