## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2875 PARK STREET

3. Mailing Address

JACKSONVILLE FL 32205

## **DOCUMENT # N45647**

1. Entity Name

2875 PARK STREET

Principal Place of Business

2. Principal Place of Business

JACKSONVILLE FL 32205

## FRIENDS OF WILLOWBRANCH LIBRARY, INC.



**FILED** Mar 20, 2003 8:00 am §
Secretary of State

03-20-2003 90128 014 \*\*\*\*61.25

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Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number 59-3103399 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRAZIER, W. ROBINSON Street Address (P.O. Box Number is Not Acceptable) 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE FL 32204 Zip Code

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.

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE

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

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

**\$5.00** May Be

Make Check Payable to Florida Department of State

DATE

Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE President **Delete** TITI F ☐ Change ★Addition COLLINS, MARY PAT Kevin Crowell NAME NAME STREET ADDRESS 1462 TALBOT AVE 2816 Post Street STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP Jacksonville, FL 32205 TITI F **M** Delete TITLE Change Addition LYONS, HELEN NAME NAME Virginia Aruett STREET ADDRESS 2747 RIVERSIDE AVE STREET ADDRESS 2950 St. Johns Ave., #20 CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP Jacksonville, FL 32205 TITLE **Z**Delete Sec TITLE ☐ Change Addition Driggers, Jeff NAME NAME Jo Jones STREET ADDRESS 2268 LAKESHORE BLVD STREET ADDRESS 1560 Lancaster Ter., #804 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32204 TITLE Delete TITI F Change **X** Addition MCCRARTHY, PAT NAME Isabel Feorello STREET ADDRESS 2769 POST ST. STREET ADDRESS 1602 Seminole Rd. CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP Jacksonville FL 32205 TITLE ☐ Delete TITLE Change **⊠** Addition HOLT. ANN NAME Elaine Starling NAME STREET ADDRESS **1804 AVONDALE CIRCLE** 3761 Sommers St. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP Jacksonville FL 32205 TITLE ☐ Delete TITI F ☐ Change Addition YARBOROUGH, MARGARET NAME NAME Gayle Tolbert 1295 Rensselaer Ave. STREET ADDRESS 1814 POWELL PLACE STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32205 CITY-ST-ZIP

Jacksonville, FL 32205 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Uarborough 3/20/03 90438825