


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90012 019 \*\*\*\*61.25

|   |                     |   |   |  |  |
|---|---------------------|---|---|--|--|
| <b>DOCUMENT # N50115</b>  |                     |   |   |                       |  |
| <b>1. Entity Name</b><br>THE FRIENDS OF THE JACARANDA PUBLIC LIBRARY, INC.  |                     |   |   |  |  |
| <b>Principal Place of Business</b><br>4143 WOODMERE PARK BLVD<br>VENICE, FL 34293 US  |                     |   | <b>Mailing Address</b><br>4143 WOODMERE PARK BLVD<br>VENICE, FL 34293 US  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>4143 WOODMERE PARK BLVD.   |                     | <b>3. Mailing Address</b><br>4143 WOODMERE PARK BLVD.   |   |  |  |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                     | City & State  |   | <b>4. FEI Number</b><br>65-0350944   |  |
| Zip   |                     | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CARLSON, ELAINE<br>1801 KILLDEER COURT<br>VENICE, FL 34293  |                     |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |                     |   |   |  |  |
| SIGNATURE _____<br><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<br/>Due by May 1, 2008</b>   |                     | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                     |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE   | P                   | <input checked="" type="checkbox"/> Delete  | TITLE   | DIRECTOR   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | SHANNON, RICHARD    |   | NAME  | ANN MCCARTHY   |  |
| STREET ADDRESS  | 310 MISSION TRAIL N |   | STREET ADDRESS  | 454 LONGWOOD DRIVE   |  |
| CITY-ST-ZIP   | VENICE, FL 34285    |   | CITY-ST-ZIP   | VENICE, FL 34292   |  |
| TITLE   | T                   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | CARLSON, ELAINE     |   | NAME  |  |  |
| STREET ADDRESS  | 1801 KILLDEER CT    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | VENICE, FL 34293    |   | CITY-ST-ZIP   |  |  |
| TITLE   | SD                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| NAME  | MACKENZIE, SUSAN    |   | NAME  |  |  |
| STREET ADDRESS  | 1730 SAN SILVESTRO  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | VENICE, FL 34285    |   | CITY-ST-ZIP   |  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete   | TITLE   | VICE PRESIDENT   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | BURNETT, LAVON      |   | NAME  |  |  |
| STREET ADDRESS  | 1712 SANDY CT       |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | VENICE, FL 34293    |   | CITY-ST-ZIP   |  |  |
| TITLE   | VP                  | <input type="checkbox"/> Delete   | TITLE   | PRESIDENT  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | KEGEL, WILLIAM      |   | NAME  |  |  |
| STREET ADDRESS  | 553 FALLBROOK ROAD  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | VENICE, FL 34292    |   | CITY-ST-ZIP   |  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete   | TITLE   | GROSJEAN, JINNY  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GROSTEAN, JINNY     |   | NAME  |  |  |
| STREET ADDRESS  | 251 VISTA DEL LAGO  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | VENICE, FL 34292    |   | CITY-ST-ZIP   |  |  |
| <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> |                     |   |   |  |  |
| <b>SIGNATURE:</b> <i>Elaine D. Carlson</i> ELAINE D. CARLSON  |                     |   | 4/20/08   |  | 941-497-0596   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                     |   | <small>Date</small>   |  | <small>Daytime Phone #</small>   |