


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N50115					
1. Entity Name THE FRIENDS OF THE JACARANDA PUBLIC LIBRARY, INC.					
Principal Place of Business 4143 WOODMERE PARK BLVD VENICE, FL 34293 US		Mailing Address 4143 WOODMERE PARK BLVD VENICE, FL 34293 US			
2. Principal Place of Business - No P.O. Box # 4143 WOODMERE PARK BLVD.		3. Mailing Address 4143 WOODMERE PARK BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0350944	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLSON, ELAINE 1801 KILLDEER COURT VENICE, FL 34293		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSTEAN, JINNY		NAME	GROSJEAN, JINNY	
STREET ADDRESS	251 VISTA DEL LAGO		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP		
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: <i>Elaine D. Carlson</i> ELAINE D. CARLSON		4/20/08		941-497-0596	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	