

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90025 032 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004120

1. Corporation Name

FRIENDS OF THE BRADHAM-BROOKS NORTHWEST REGIONAL
LIBRARY, INC.

Principal Place of Business

1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208

Mailing Address

1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

59-3380010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

1 Trust Fund Contribution

9. Name and Address of Current Registered Agent

NICKERSON, JAMES
1755 W. EDGEWOOD AVENUE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME NICKERSON, JAMES
STREET ADDRESS 800 BROWARD RD., #N203
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ DELETE
NAME WASHINGTON, CARRIE
STREET ADDRESS 1538 CHATHAM RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DAS ☐ DELETE
NAME HARRELL, ALISA
STREET ADDRESS 8950 GREENLEAF ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DS ☐ DELETE
NAME EAVES, EVELYN
STREET ADDRESS 2259 COURTNEY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DT ☐ DELETE
NAME SWEET, ELEANOR
STREET ADDRESS 11432 MONTEGO BAY DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ DELETE
NAME COBB, SPENCER
STREET ADDRESS 9615 CARBONDALE DR W
CITY-ST-ZIP JACKSONVILLE FL 32208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)