

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90197 037 ****61.25

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1. Entity 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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3380010**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOBBY, MARCUS
124 W. 67TH ST
JACKSONVILLE FL 32208**

Name

James A. Nickerson

Street Address (P.O. Box Number is Not Acceptable)
800 Broward Rd. N203

City

Jacksonville

FL

Zip Code
32218

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

James A. Nickerson, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☒ Delete
NAME **JOHNSON, EMORY**
STREET ADDRESS **2228 HOLCROFT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **P** ☒ Change ☐ Addition
NAME **James A. Nickerson**
STREET ADDRESS **800 Broward Rd. N203**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **P** ☒ Delete
NAME **COTTEN, JAMES**
STREET ADDRESS **3246 MONTCALM DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **P** ☒ Change ☐ Addition
NAME **Leslie W. Williams**
STREET ADDRESS **6848 Van Gundy Rd.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **OLIVER, REVA**
STREET ADDRESS **7932 ALMAR PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **T** ☒ Change ☐ Addition
NAME **James Cotten**
STREET ADDRESS **3246 Montcalm Dr.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **DAS** ☐ Delete
NAME **MARCUS, BOBBY**
STREET ADDRESS **124 W 67TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **S** ☒ Change ☒ Addition
NAME **Barlene Cameron**
STREET ADDRESS **1429 Parkdale St.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **DT** ☐ Delete
NAME **BRYANT, ANTONIA**
STREET ADDRESS **8019 DENHAM ROAD E**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **P** ☐ Change ☒ Addition
NAME **Beline Randolph**
STREET ADDRESS **4712 NW Wood Ave.**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James A. Nickerson* **James A. Nickerson** (904) 765-8897

CR2E037 (10/02)