

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727697 (5)
 1. Corporation Name
CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.



Principal Place of Business: **128 E FORSYTH STREET #304 JACKSONVILLE FL 32202**
 Mailing Address: **128 E FORSYTH STREET #304 JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified: **10/09/1973**
 3a. Date of Last Report: **12/08/1995**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 City & State (23)
 Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **23-7347442**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SHILLING, SALLYN
 AT&T UNIVERSAL CARD SERVICES
 8787 BAYPINE ROAD 3 - 2 - 200N
 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
 81 Name: **ANN BAKER**
 82 Street Address (P.O. Box Number is Not Acceptable): **4915 MORVEN RD.**
 83
 84 City: **JACKSONVILLE** FL 85 Zip Code: **32210**

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: *Ann Baker* **ANN BAKER** DATE: **7/22/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILLING, SALLYN	1.2 NAME	ANN BAKER
STREET ADDRESS	8787 BAYPINE ROAD, 3-2-200N	1.3 STREET ADDRESS	4915 MORVEN ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ISABELLE	2.2 NAME	
STREET ADDRESS	1041 PONTE VEDRA BLVD., BOX 661	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDER, MARTIN	3.2 NAME	SALLYN SHILLING
STREET ADDRESS	4651 SALISBURY ROAD	3.3 STREET ADDRESS	173 SEA HAMMOCK WAY
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ELIZABETH	4.2 NAME	CONNIE OVERTON
STREET ADDRESS	225 WATER STREET	4.3 STREET ADDRESS	3751 WAK POINT WAY
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDLOW, JEAN	5.2 NAME	200001905262
STREET ADDRESS	2007 PALMETTO POINT DRIVE	5.3 STREET ADDRESS	-07/26/96--01011--047
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	***61.25
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ANN	6.2 NAME	CAROLYN GENTRY
STREET ADDRESS	4915 MORVEN ROAD	6.3 STREET ADDRESS	ONE RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32210	6.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Ann Baker* **ANN BAKER** DATE: **7/15/96** Daytime Phone: **384 4064**
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)