

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727697 (5)
 1. Corporation Name
CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.



Principal Place of Business 28 E FORSYTH STREET #304 JACKSONVILLE FL 32202	Mailing Address 128 E FORSYTH STREET #304 JACKSONVILLE FL 32202-3368
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/09/1973	3a. Date of Last Report 07/26/1996
21	26	4. FEI Number 23-7347442	Applied For Not Applicable
22 Sulte, Apt. #, etc.	27 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BAKER, ANN
4915 MORVEN RD.
JACKSONVILLE FL 32210

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ANN	1.2 NAME	
STREET ADDRESS	4915 MORVEN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILLING, SALLYN	3.2 NAME	
STREET ADDRESS	173 SEA HAMMOCK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, CONNIE	4.2 NAME	
STREET ADDRESS	3751 WAK PT. WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDLOW, JEAN	5.2 NAME	
STREET ADDRESS	2007 PALMETTO POINT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, CAROLYN	6.2 NAME	
STREET ADDRESS	ONE RIVERSIDE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* LOUIRED *Shilling* 20062100

CP2E037 (9/96)