

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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      Mailing Address  
**128 E FORSYTH STREET #304**      **128 E FORSYTH STREET #304**  
**JACKSONVILLE FL 32202**      **JACKSONVILLE FL 32202**



2. Principal Place of Business 21 <b>300 W. WATER ST</b> Suite, Apt. #, etc. 22 <b>Suite 201</b> City & State 23 <b>JACKSONVILLE FL</b> Zip 24 <b>32202</b>	2a. Mailing Address 26 <b>same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>10/09/1973</b>	4. FEI Number <b>23-7347442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BAKER, ANN**  
**4915 MORVEN RD.**  
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent 81 Name <b>Anne Pajcic</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1917 Montgomery Place</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32205</b>
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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 *Anne Pajcic*      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>C BAKER, ANN</b>
STREET ADDRESS	<b>4915 MORVEN RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD DAVIS, ISABELLE</b>
STREET ADDRESS	<b>1041 PONTE VEDRA BLVD., BOX 661</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SHILLING, SALLYN</b>
STREET ADDRESS	<b>173 SEA HAMMOCK WAY</b>
CITY-ST-ZIP	<b>PONTE VEDRA BCH. FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD OVERTON, CONNIE</b>
STREET ADDRESS	<b>3751 WAK PT. WAY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GENTRY, CAROLYN</b>
STREET ADDRESS	<b>ONE RIVERSIDE AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>C ANNE PAJCIC</b>
2.3 STREET ADDRESS	<b>1917 MONTGOMERY PLACE</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V/D ROBERT PAUL</b>
3.3 STREET ADDRESS	<b>6001 BOWDEN DALE AVE</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S/D MISSY BONGY</b>
5.3 STREET ADDRESS	<b>1620 INDEPENDENT SQUARE</b>
5.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Anne Pajcic*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/98  
Date

(904)  
358-3600  
Daytime Phone # 0004115

CR2E037 (10/97)