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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
4. FEI Number: 23-7347442
Applied For: Not Applicable

2. Principal Place of Business: 21 300 W. WATER ST, Suite, Apt. #, etc. 22 Suite 201, City & State 23 JACKSONVILLE FL, Zip 24 32202, Country 25 DUVAL
2a. Mailing Address: 26 same, Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: Anne Pajcic, 82 Street Address (P.O. Box Number is Not Acceptable): 1917 Montgomery Place, 83 City: Jacksonville FL, 84 Zip Code: 32205

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D
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	2.1 TITLE	C
NAME	DAVIS, ISABELLE	2.2 NAME	ANNE PAJICIC
STREET ADDRESS	1041 PONTE VEDRA BLVD., BOX 661	2.3 STREET ADDRESS	1917 MONTGOMERY PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D	3.1 TITLE	V/D
NAME	SHILLING, SALLYN	3.2 NAME	ROBERT PAUL
STREET ADDRESS	173 SEA HAMMOCK WAY	3.3 STREET ADDRESS	6001 BOWDENDALE AVE
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	TD	4.1 TITLE	
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	5.1 TITLE	S/D
NAME	GENTRY, CAROLYN	5.2 NAME	MISSY BONGY
STREET ADDRESS	ONE RIVERSIDE AVE.	5.3 STREET ADDRESS	1620 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

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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: [Signature] 6/1/98 (904) 358-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004115

CR2E037 (10/97)