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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90010 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727697

1. Corporation Name

CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.

Principal Place of Business

300 W WATER ST
 STE 201
 JACKSONVILLE FL 32202
 US

Mailing Address

128 E FORSYTH STREET #304
 JACKSONVILLE FL 32202

521831 - 90010 - 49



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/09/1973
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Jacksonville, FL	23-7347442
24 Country	29 32202	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30 Duval	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PAJCIC, ANNE
 1917 MONTGOMERY PLACE
 JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name	Constance R. Overton
82 Street Address (P.O. Box Number is Not Acceptable)	3751 Oak Point Ave.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" 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	C <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAJCIC, ANNE	2.2 NAME	
STREET ADDRESS	1917 MONTGOMERY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, ROBERT	3.2 NAME	
STREET ADDRESS	6001 BOWDEN DALE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, CONNIE	4.2 NAME	Constance R. Overton
STREET ADDRESS	3751 WAK PT. WAY	4.3 STREET ADDRESS	3751 Oak Point Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONEY, MISSY	5.2 NAME	
STREET ADDRESS	1620 INDEPENDENT SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Chuck Hyman
STREET ADDRESS		6.3 STREET ADDRESS	4400 Marsh Landing Blvd. Suite 2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

14. I 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/3/99

904-358-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #