

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727697**

1. Corporation Name  
**CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.**

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 521831 - 90010 - 49

Principal Place of Business 300 W WATER ST STE 201 JACKSONVILLE FL 32202 US	Mailing Address 128 E FORSYTH STREET #304 JACKSONVILLE FL 32202
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified	4. FEI Number	Applied For
22. City & State	27. City & State	10/09/1973	23-7347442	Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	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

**PAJIC, 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. 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]* DATE **5/3/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ANN	
STREET ADDRESS	4915 MORVEN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PAJIC, ANNE	
STREET ADDRESS	1917 MONTGOMERY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAUL, ROBERT	
STREET ADDRESS	6001 BOWDEN DALE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OVERTON, CONNIE	
STREET ADDRESS	3751 WAK PT. WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONEY, MISSY	
STREET ADDRESS	1620 INDEPENDENT SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Constance R. Overton
4.3 STREET ADDRESS	3751 Oak Point Ave.
4.4 CITY-ST-ZIP	Jacksonville, FL 32210
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chuck Hyman
6.3 STREET ADDRESS	4400 Marsh Landing Blvd. Suite 2
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)(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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: **5/3/99** DAYTIME PHONE #: **904-358-3600**

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