
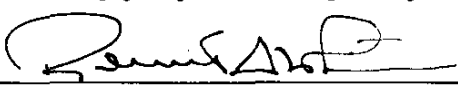
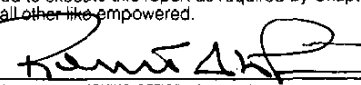


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90039 036 \*\*\*\*61.25

<b>DOCUMENT # 727697</b> 1. Entity Name <b>CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.</b>					
Principal Place of Business <b>300 W WATER ST STE 201 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>300 W WATER ST STE 201 JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LANAHAN, MARTY 51 W BAY ST JACKSONVILLE, FL 32202</b>				Name <b>ROBERT A. WHITE</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 West Water Street - Suite #201</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>ROBERT A. WHITE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <b>03/15/2007</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNAUER, DEBORAH</b>		NAME		
STREET ADDRESS	<b>1000 RIVERSIDE AVE 115</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32204</b>		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANAHAN, MARTY</b>		NAME		
STREET ADDRESS	<b>51 W BAY ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>		CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONEY, ANN B</b>		NAME	<b>RON NATHERSON</b>	
STREET ADDRESS	<b>3815 BETTES CIR</b>		STREET ADDRESS	<b>76 South Laura Street - Suite #1702</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>		CITY-ST-ZIP	<b>Jacksonville FL 32202</b>	
TITLE	T/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEMPHILL, DAVID</b>		NAME		
STREET ADDRESS	<b>4223 VENETIA BOULEVARD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32210</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: ROBERT A. WHITE</b> 				<b>03/15/07 904 358-3600</b> <small>Date Daytime Phone #</small>	