

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740244 (9)

1. Corporation Name

~~THE JACKSONVILLE ART MUSEUM, INC.~~
THE JACKSONVILLE MUSEUM OF CONTEMPORARY ART, INC.



Principal Place of Business

Mailing Address

4160 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207

4160 BOULEVARD CENTER DRIVE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
09/26/1977

3a. Date of Last Report
08/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0689705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT, HENRY FLOOD JR
4160 BLVD CENTER DR
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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 of officer or director of corporation (if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HIXON, RENATE W
STREET ADDRESS 47 PONTE VEDRA BLVD
CITY - ST - ZIP PONTE VEDRA BCH FL

☒ DELETE

1.1 TITLE D
1.2 NAME Koster, Kenneth Jr.
1.3 STREET ADDRESS 836 Prudential Drive, Suite 1804
1.4 CITY - ST - ZIP Jacksonville, FL 32207

☐ Change

☒ Addition

TITLE T
NAME NEBEL, DAVID A
STREET ADDRESS 13201 MANDARIN RD
CITY - ST - ZIP JACKSONVILLE FL

☒ DELETE

2.1 TITLE T
2.2 NAME Hart, William M.
2.3 STREET ADDRESS 2665 South Riverport Drive
2.4 CITY - ST - ZIP Jacksonville, FL 32223

☐ Change

☒ Addition

TITLE D
NAME CLARKSON, CHARLES A.
STREET ADDRESS 961 PONTE VEDRA BLVD.
CITY - ST - ZIP PONTE VEDRA BEACH FL

☒ DELETE

3.1 TITLE D
3.2 NAME Milam, Arthur
3.3 STREET ADDRESS P.O. Box 446 N/A
3.4 CITY - ST - ZIP Ponte Vedra Beach, FL 32004

☐ Change

☒ Addition

TITLE D
NAME MASSANISO, PETER A
STREET ADDRESS P O BOX 1995 N/A
CITY - ST - ZIP PONTE VEDRA BCH FL

☒ DELETE

4.1 TITLE D
4.2 NAME Silliman, Mark
4.3 STREET ADDRESS 1701 North 1st Street, #11-B
4.4 CITY - ST - ZIP Jacksonville Beach, FL 32250

☐ Change

☒ Addition

TITLE P
NAME TAYLOR, WALTER O
STREET ADDRESS 6740 EPPING FOREST WAY, S106
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME BEESON, MARGARET
STREET ADDRESS 501 MAGNOLIA BLUFF AVE
CITY - ST - ZIP JACKSONVILLE FL

☒ DELETE

6.1 TITLE D
6.2 NAME Selevan, Russell M.
6.3 STREET ADDRESS 2734 Estates Lane
6.4 CITY - ST - ZIP Jacksonville, FL 32257

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in power 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 alternate form with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

904-398-8336

Bank deposit \$61.25

CR2E037 (12/95)