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Jun 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **740244** **(9)**

1. Corporation Name

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 32207-2805

3. Date Incorporated or Qualified: **09/26/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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

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

10. Name and Address of New Registered Agent

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 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	C/TR	☒ Change ☐ Addition
NAME	KOSTER, KENNETH JR.		1.2 NAME		
STREET ADDRESS	836 PRUDENTIAL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HART, WILLIAM M		2.2 NAME		
STREET ADDRESS	2665 SOUTH RIVERPORT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TR	☒ Change ☐ Addition
NAME	MILAM, ARTHUR		3.2 NAME		
STREET ADDRESS	P.O. BOX 446		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	S/TR	☐ Change ☒ Addition
NAME	SILLIMAN, MARK		4.2 NAME	E. Zimmerman Boulos	
STREET ADDRESS	1701 NORTH 1ST STREET		4.3 STREET ADDRESS	1524 San Marco Boulevard	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	P	☒ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME	TAYLOR, WALTER Q		5.2 NAME	Peter Bower	
STREET ADDRESS	6740 EPPING FOREST WAY, S106		5.3 STREET ADDRESS	P.O. Box 1918 /N/A	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32201	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SELEVAN, RUSSELL M		6.2 NAME	Henry Flood Robert, Jr.	
STREET ADDRESS	2734 ESTATES LANE		6.3 STREET ADDRESS	4160 Boulevard Center Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32257		6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

CR2E037 (9/96)

14. I do 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 _____ 4-25-97 904 398 8336