## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)740244 THE JACKSONVILLE MUSEUM OF CONTEMPORARY ART, INC Principal Place of Business Mailing Address 4160 BOULEVARD CENTER DRIVE 4160 BOULEVARD CENTER DRIVE 3. Date Incorporated or Qualified JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 09/26/1977 4. FEI Number Applied For 59-0689705 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes X No 28 23 Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBERT, HENRY FLOOD JR Street Address (P.O. Box Number is Not Acceptable) 82 4160 BLVD CENTER DR 83 JACKSONVILLE FL 32207 84 City Zip Code 85 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) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE JOANNE SWEENEY KOSTER, KENNETH JR. NAME 1.2 NAME CR2E037 309 SAN JUAN DRIVE 836 PRUDENTIAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS 3208 Z JACKSONVILLE FL 1.4 CITY-ST-ZiP PONTE VEDRA BEACH, FL CITY-ST-ZIP DELETE TITLE 2.1 TITLE HART, WILLIAM M NAME 2.2 NAME 2665 SOUTH RIVERPORT DRIVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE Milam, Arthur P.O. Box 446 N/A Ponk Vedra Beach FL MILAM, ARTHUR NAME 3.2 NAME P.O. BOX 446 3.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32004 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **BOULOS, ZIMMERMAN E** Boulos, Zimmerman E 4.2 NAME NAME 1524 SAN MARCO BLVD. 4.3 STREET ADDRESS 1524 San Marco Blvd STREET ADDRESS 32207 JACKSONVILLE FL Jacksonville, FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE Bower, Peter **BOWER, PETER** NAME 5.2 NAME P. O. BOX 1918 N/A P.O. BOX 1918 N/A STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL 3220 Jacksonville, FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE Henry F. Robert, JR. 4160 Boulevard Center DRIVE ROBERT, HENRY F JR. NAME 62 NAME 4160 BOULEVARD CENTER DRIVE STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report strue and according 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 of 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. SIGNATURE: