2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# 740244

Entity Name: THE JACKSONVILLE MUSEUM OF MODERN ART, INC.

Current Principal Place of Business:

333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-0689705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINGHORN, GEORGE
333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VCH ( ) Delete
Name: BAKER, SCOTT
Address: ONE INDEPENDENT DR., STE. 2300
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CH ( ) Delete
Name: MILAM, ARTHUR
Address: P O BOX 446
City-St-Zip: PONTE VEDRA BEACH, FL 32204

Title: T ( ) Delete
Name: VLECK, JIM VAN
Address: 117 WEST DUVAL ST., STE. 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete
Name: CAMPBELL, JOZETTE
Address: 2055 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE KINGHORN D 02/28/2006

Electronic Signature of Signing Officer or Director — Date