2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 740244

FILED Oct 05, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

333 NORTH LAURA STREET JACKSONVILLE, FL 32202 LIS

Current Mailing Address: New Mailing Address:

333 NORTH LAURA STREET JACKSONVILLE, FL 32202 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KINGHORN, GEORGE GARTNER, WINFIELD 1660 PRUĎENTIAL DRIVE, 333 NORTH LAURA STREET JACKSONVILLE, FL 32202 US SUITE 203 JACKSONVILLE, FL 32217 US

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: WINFIELD GARTNER 10/05/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CH Title: (X) Change () Addition () Delete MILAM, ARTHUR Name: HASKELL, PRESTON Name:

Address: P O BOX 446 Address: 111 RIVERSIDE AVENUE City-St-Zip: PONTE VEDRA BEACH, FL 32204 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: (X) Change () Addition VLECK, JIM VAN Name: HOWARD, ALAN Name:

117 WEST DUVAL ST., STE. 400 50 NORTH LAURA STREET, STE. 2900 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

() Delete Title: Title: (X) Change () Addition CAMPBELL, JOZETTE Name: Name: FAIRMAN, CHRISTINE Address: 2055 BEACH AVENUE Address: 1345 OCEAN BOULEVARD City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: () Delete Title: () Change (X) Addition

KINGHORN, GEORGE Name: Name: 333 NORTH LAURA STREET Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US

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 10/05/2006