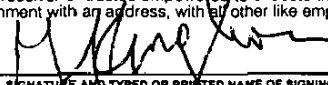


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 043 ****61.25

DOCUMENT # 740244 1. Entity Name MUSEUM OF CONTEMPORARY ART JACKSONVILLE, INC.					
Principal Place of Business 333 NORTH LAURA STREET JACKSONVILLE, FL 32202 US			Mailing Address 333 NORTH LAURA STREET JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-0689705				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARTNER, WINFIELD 1660 PRUDENTIAL DRIVE, SUITE 203 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH BAKER, SCOTT ONE INDEPENDENT DR., STE. 2300 JACKSONVILLE, FL 32202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN HASKELL, PRESTON 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH HASKELL, PRESTON 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR BAKER, SCOTT 1 INDEPENDENT DR, STE 2300 JACKSONVILLE, FL 32202
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, ALAN 50 NORTH LAURA STREET, STE. 2900 JACKSONVILLE, FL 32202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAIRMAN, CHRISTINE 1345 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGHORN, GEORGE 333 NORTH LAURA STREET JACKSONVILLE, FL 32202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  , Director					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	
				904.366.6911	