2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# 740244

Entity Name: MUSEUM OF CONTEMPORARY ART JACKSONVILLE, 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 (X)**

Name and Address of Current Registered Agent:

SHUMAN, SHARI A
1 UNF DRIVE
JACKSONVILLE, FL 32224 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: MR.
Name: G. ALAN HOWARD, CHAIRMAN
Address: 14 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MR.
Name: JOHN J. ALLEN, VICE CHAIRMAN
Address: 7220 FINANCIAL WAY, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MS.
Name: SHARI SHUMAN, TRUSTEE
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MS.
Name: MARGARET GELLATLY, SECRETARY
Address: 1224 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: MS.
Name: MARCELLE POLEDNIK, DIRECTOR
Address: 333 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: SHARI SHUMAN TRST 01/19/2012

Electronic Signature of Signing Officer or Director — Date