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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002401

1. Corporation Name

JACKSONVILLE MARKETING AND ADVERTISING CLUB, INC

Principal Place of Business

2000-1 HENDRICKS AVENUE. #10
JACKSONVILLE FL 32207

Mailing Address

2000-1 HENDRICKS AVENUE. #10
JACKSONVILLE FL 32207



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/28/1997

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-3430077

Applied For

Not Applicable

23. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCULLOUGH, MICHAEL
233 EAST BAY STREET
1010 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

81. Name

WILLIAM KELLEY

82. Street Address (P.O. Box Number is Not Acceptable)

GRAM & KELLEY

83.

1649 ATLANTIC BLVD.

84. City

JACKSONVILLE,

FL

85. Zip Code
32207

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

William A. Kelley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ZINGONE, CAROL
STREET ADDRESS 916 DANTE PL
CITY-ST-ZIP JAX FL 32207

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS STOKES, DON
1.4 CITY-ST-ZIP WM. COOK, 225 WATER ST. #1600
JACKSONVILLE, FL 32202

TITLE D ☒ DELETE
NAME NATTOEWSM DWG
STREET ADDRESS WJXT-TV, 4 BROADCAST PL
CITY-ST-ZIP JAX FL 32207

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS MATTHEWS, DOUG
2.4 CITY-ST-ZIP WJXT-TV, 4 BROADCAST PL,
JACKSONVILLE, FL 32207

TITLE D ☒ DELETE
NAME KARAS, SANDRA
STREET ADDRESS 6650 SOUTHPOINT PKWY
CITY-ST-ZIP JAX FL 32224

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS KINSELLA, RAYLENE
3.4 CITY-ST-ZIP ST. JOHN & PARTNERS, 5220 BELFORT RD,
JACKSONVILLE, FL 32256

TITLE D ☒ DELETE
NAME SIMS, DEA
STREET ADDRESS 11761-9 BEACH BLVD
CITY-ST-ZIP JAX FL 32246

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS LIFF, MICHAEL
4.4 CITY-ST-ZIP WJWB-TV, 9117 HOGAN RD
JACKSONVILLE, FL 32216

TITLE D ☒ DELETE
NAME DURRETT, MARY
STREET ADDRESS 1120 CRESTWOOD ST
CITY-ST-ZIP JAX FL 32208

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUGLAS MATTHEWS, VP. 1/28/99 904-393-9825
Date Daytime Phone #

CR2E037 (11/98)