

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727697

Entity Name: CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.**Current Principal Place of Business:**300 WATER ST
STE 201
JACKSONVILLE, FL 32202**Current Mailing Address:**300 WATER ST
STE 201
JACKSONVILLE, FL 32202 US**FEI Number:** 23-7347442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEGRETTI, ANTONIO
300 WATER STREET
SUITE #201
JACKSONVILLE, FL 32202 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	DANLEY, FRANKLIN
Address	51 WEST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	STILLS, JAMARIO
Address	3674 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	ENGDAHL, DAVID
Address	934 SORRENTO ROAD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	BAKER, CLAUDIA
Address	9672 WEXFORD ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	TREASURER
Name	WOOTEN, SCOTT
Address	841 PRUDENTIAL DRIVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	CHAIRMAN
Name	JOSEPH, CHARLIE
Address	4800 DEERWOOD CAMPUS PARKWAY
	BLDG 100-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HOLZENDORF, KEVIN
Address	12896 DUNES LAKE TERRACE
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	BOCCUZZI, ANNE
Address	228 CANAL BLVD. SUITE 4
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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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: ANN CAREY

VICE CHAIR

01/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name CAREY, ANN
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BRACEWELL, K. MAC
Address 800 WEST MONROE STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GASPER, KEMAL
Address 76 SOUTH LAURA STREET 20TH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RYAN-GONZALEZ, REBECCA
Address 6959-2 PHILLIPS PKWY DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CORNELIUS, JACKIE
Address 4103 CEDAR ROAD
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name FERRY, BILL
Address 4600 TOUCHTON ROAD EAST SUITE 200
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name MCDONALD, TAYLOE
Address 2061 FORBES ST. #1
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name THOMPSON, PENNY
Address 655 W. 8TH STREET ADMIN
City-State-Zip: JACKSONVILLE FL 32209