

2018 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:** DIANE BRUNET-GARCIA

01/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROWE, KATE
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name STILLS, JAMARIO
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

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

Title DIRECTOR
Name BOCCUZZI, ANNE
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name SMITH, PAMELA
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

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

Title DIRECTOR
Name BAKER, CLAUDIA
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

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

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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: PAMELA SMITH

TREASURER

01/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORNELIUS, JACKIE
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

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

Title DIRECTOR
Name WALKER FORD, JANET
Address 300 WATER STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32202

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

Title VC
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
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