

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740244

Entity Name: MUSEUM OF CONTEMPORARY ART JACKSONVILLE, INC.**Current Principal Place of Business:**333 NORTH LAURA STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US**FEI Number:** 59-0689705**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHUMAN, SHARI A
1 UNF DRIVE
JACKSONVILLE, FL 32224 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	CHAIRMAN
Name	GELLATLY, MARGARET
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	PANGBORN, JOEL
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	TRUSTEE
Name	SHUMAN, SHARI A
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VC
Name	HAWTHORNE, RICK
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	POLEDNIK, MARCELLE
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	ZIMMERMAN, ELLI
Address	333 NORTH LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32202

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 A SHUMAN

TRUSTEE

01/12/2015

Electronic Signature of Signing Officer/Director Detail_____
Date