

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741809

Entity Name: DECORATIVE ARTISTS OF JACKSONVILLE, INC.**Current Principal Place of Business:**1547 QUAIL ROOST LANE
JACKSONVILLE, FL 32220**Current Mailing Address:**1547 QUAIL ROOST LANE
JACKSONVILLE, FL 32220 US**FEI Number: 59-1795321****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARTIN, JOHNEL K
6221 CHECKMATE LANE
JACKSONVILLE, FL 32244 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	TREASURER
Name	FRENCH, TERRI
Address	1547 QUAIL ROOST LANE
City-State-Zip:	JACKSONVILLE FL 32220

Title	PRESIDENT
Name	WILLIAMS, CINDY
Address	7946 WINTERWOOD CIRCLE S
City-State-Zip:	JACKSONVILLE FL 32210

Title	FIRST VP
Name	HUNDREDMARK, MELODY
Address	3528 WAVERLEY DOCK RD E
City-State-Zip:	JACKSONVILLE FL 32223

Title	SECRETARY
Name	SMITH, KAY
Address	6715 PETER PAN PLACE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	HAMILTON, KAREN
Address	12595 210TH TERRACE
City-State-Zip:	O'BRIEN FL 32071

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: TERRI FRENCH**TREASURER****01/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date