

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761924

Entity Name: THE DEETTE HOLDEN CUMMER MUSEUM FOUNDATION, INC.**Current Principal Place of Business:**829 RIVERSIDE AVE.
JACKSONVILLE, FL 32204**Current Mailing Address:**829 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US**FEI Number:** 59-2191587**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLATTERY, KERRIE
829 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 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:** KERRIE SLATTERY

04/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PAUL, PAM D
Address 829 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title VC
Name TOWLER, SUSAN
Address 829 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name RADZINSKI, TERESA
Address 829 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title CEO
Name LEVINE, ADAM M
Address 829 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name TOUSEY, JR., CLAY B.
Address 829 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title INTERIM DIRECTOR
Name SLATTERY, KERRIE
Address 829 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

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: KERRIE SLATTERY

INTERIM DIRECTOR

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date