

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003277

Entity Name: JACKSONVILLE CIVIC COUNCIL, INC.

Current Principal Place of Business:

31 WEST ADAMS STREET
SUITE 204
JACKSONVILLE, FL 32202

FILED
Feb 03, 2022
Secretary of State
8652112723CC

Current Mailing Address:

31 WEST ADAMS STREET
SUITE 204
JACKSONVILLE, FL 32202 US

FEI Number: 59-3485919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, JEANNE M
31 WEST ADAMS STREET
SUITE 204
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: JEANNE M. MILLER

02/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name STOVER, CINDY
Address 9715 GATE PARKWAY NORTH
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name BAKER, II, JOHN
Address 200 WEST FORSYTH STREET, 7TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MANN, ERIC
Address 40 EAST ADAMS STREET, SUITE 210
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN
Name DELANEY, JOHN
Address 1301 RIVERPLACE DRIVE, SUITE 1500
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name MILLER, JEANNE M
Address 31 WEST ADAMS STREET SUITE 204
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WOLFBURG, BRIAN
Address 76 S. LAURA STREET
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name MILLER, DAVID
Address 6300 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name PAPPAS, LYNN
Address 6725 STATE ROAD 13 NORTH
City-State-Zip: ST. AUGUSTINE FL 32092

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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: JEANNE MILLER

DIRECTOR

02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALEY, DR. LEON JR.
Address 635-1 W. 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name HARDEN , CEREE
Address 501 RIVERSIDE AVENUE
SUITE 1000
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SANTARONE, MICHAEL
Address 2900 HARTLEY ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name SWEENEY, DAVID
Address 10748 DEERWOOD PARK BLVD. S.
City-State-Zip: JACKSONVILLE FL 32256