

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003277

Entity Name: JACKSONVILLE CIVIC COUNCIL, INC.

FILED
Mar 02, 2020
Secretary of State
9962675174CC

Current Principal Place of Business:

31 WEST ADAMS STREET
SUITE 204
JACKSONVILLE, FL 32202

Current Mailing Address:

31 WEST ADAMS STREET
SUITE 204
JACKSONVILLE, FL 32202 US

FEI Number: 59-3485919

Certificate of Status Desired: Yes

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

03/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BAER, DOUG
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name COST, TIM
Address 2800 UNIVERSITY BLVD NORTH
City-State-Zip: JACKSONVILLE FL 32211

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 DIRECTOR
Name KANE, MATT
Address 7020 AC SKINNER PARKWAY, STE. 100
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BERG, AMY MARGERUM
Address 65 PONTE VEDRA BLVD. NORTH
City-State-Zip: JACKSONVILLE FL 32082

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

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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

CEO

03/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HILL, ROBERT
Address 6600 CORPORATE CENTER PARKWAY
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name WILSON, BLAKE
Address 329 PONTE VEDRA BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name MADDEN, KELLY
Address ONE INDEPENDENT DRIVE, 25TH FL
City-State-Zip: JACKSONVILLE FL 32202

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