

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003277

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**8920146671CC**

**Entity Name:** JACKSONVILLE CIVIC COUNCIL, INC.

**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: 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**

**02/27/2019**

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

**Continues on page 2**

*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 M MILLER**

**PRESIDENT & CEO**

**02/27/2019**

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 501 RIVERSIDE AVENUE, 12TH FL  
City-State-Zip: JACKSONVILLE FL 32202

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