

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003277

Entity Name: JACKSONVILLE CIVIC COUNCIL, INC.

Current Principal Place of Business:

800 WEST MONROE STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

800 WEST MONROE STREET
JACKSONVILLE, FL 32202 US

FEI Number: 59-3485919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, JEANNE M
800 WEST MONROE STREET
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

04/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GLOVER, NATHANIEL
Address 1658 KINGS ROAD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name NEWTON, RUSTY
Address 200 WEST FORSYTH STREET
SUITE 1600
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name STEIN, MARTIN JR.
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name EDELMAN, DANIEL
Address 245 RIVERSIDE AVENUE
SUITE 410
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WILES, SUSAN
Address P.O. BOX 2351
City-State-Zip: PONTE VEDRA FL 32004

Title CHAIRMAN
Name BURR, EDWARD E
Address 7807 BAYMEADOWS ROAD EAST
SUITE 205
City-State-Zip: JACKSONVILLE FL 32256

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

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

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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: EDWARD E. BURR

CHAIRMAN

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
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 MILLER, DAVID
Address 3120 RIVER VALE CT.
City-State-Zip: JACKSONVILLE FL 32207