

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT# 720382**

1. Entity Name

**THE SOUTHERN ACADEMY OF LETTERS, ARTS AND SCIENCES, INCORPORATED**



Principal Place of Business

P.O. BOX 1573  
JACKSONVILLE FL 32201

Mailing Address

P.O. BOX 1573  
JACKSONVILLE FL 32201  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number **23-7162171**

Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RINAMAN JR, JAMES C**  
**1200 RIVERPLACE BLVD**  
**STE-800**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | PD                              | TITLE   |  |
| NAME                       | RINAMAN, JAMES C. J             | NAME  |  |
| STREET ADDRESS             | 1200 RIVERPLACE BLVD., STE. 800 | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32207           | CITY-ST-ZIP   |  |
| TITLE                      | D                               | TITLE   |  |
| NAME                       | COBB, JAMES E                   | NAME  |  |
| STREET ADDRESS             | 1301 RIVERPLACE BLVD STE 1609   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32207           | CITY-ST-ZIP   |  |
| TITLE                      | TD                              | TITLE   |  |
| NAME                       | SHERIDAN, ALICE D               | NAME  |  |
| STREET ADDRESS             | 804 2ND ST                      | STREET ADDRESS  |  |
| CITY-ST-ZIP                | NEPTUNE BEACH FL                | CITY-ST-ZIP   |  |
| TITLE                      | D                               | TITLE   |  |
| NAME                       | THOMAS, NANCY R                 | NAME  |  |
| STREET ADDRESS             | 2149 HOLLY OAKS RIVER DR        | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32225           | CITY-ST-ZIP   |  |
| TITLE                      | ATD                             | TITLE   |  |
| NAME                       | BARRE, BARRETT S                | NAME  |  |
| STREET ADDRESS             | 2801 SOUTH SECOND ST.           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | JACKSONVILLE BEACH FL 32250     | CITY-ST-ZIP   |  |
| TITLE                      |                                 | TITLE   |  |
| NAME                       |                                 | NAME  |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Alice D. Sheridan* Alice D. Sheridan 4/06/06 904-743-4974