

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727697

FILED
Feb 19, 2004
Secretary of State**Entity Name:** CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.**Current Principal Place of Business:**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202 US**New Principal Place of Business:****Current Mailing Address:**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202 US**New Mailing Address:****FEI Number:** 23-7347442**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAUL, ROBERT H
6001 BOWDENDALE AVENUE
JACKSONVILLE, FL 32216**Name and Address of New Registered Agent:**BONEY, ANN B
1819 GOODWIN STREET
JACKSONVILLE, FL 32204

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: ANN B. BONEY

02/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: CLINE, ELIZABETH
Address: 835 BUCKEYE LANE WEST
City-St-Zip: JACKSONVILLE, FL 32259

Title: C () Delete
Name: PAUL, ROBERT
Address: 6001 BOWDENDALE AVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: V/D () Delete
Name: OVERTON, CONSTANCE R
Address: 3751 OAK POINT AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VC/D () Delete
Name: BONEY, ANN
Address: 1819 GOODWIN STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T/D (X) Delete
Name: HYMAN, CHARLES D
Address: 4300 MARSH LANDING BLVD STE 201
City-St-Zip: JACKSONVILLE BEACH, FL 32050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BONEY, ANN B
Address: 1819 GOODWIN STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: V/D (X) Change () Addition
Name: PAUL, ROBERT H
Address: 6001 BOWDENDALE AVENUE
City-St-Zip: JACKSONVILLE, FL 32216

Title: T/D (X) Change () Addition
Name: HEMPHILL, DAVID
Address: 4223 VENETIA BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANN B. BONEY

C

02/19/2004

Electronic Signature of Signing Officer or Director

Date