

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 005 ****61.25

DOCUMENT # 727697

1. Entity Name
CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.



Principal Place of Business
**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202 US**

Mailing Address
**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202 US**

40067522



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7347442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, ROBERT A
300 WEST WATER STREET
SUITE #201
JACKSONVILLE, FL 32202**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 S/D ☒ Delete
NAME **KNAUER, DEBORAH**
STREET ADDRESS **1000 RIVERSIDE AVE 115**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE S/D ☒ Change ☐ Addition
NAME **Korman, Allison**
STREET ADDRESS **2900 Hartley Road**
CITY-ST-ZIP **Jacksonville FL 32257**

TITLE C ☒ Delete
NAME **LANAHAN, MARTY**
STREET ADDRESS **51 W BAY ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE C ☒ Change ☐ Addition
NAME **Natherson, Ron**
STREET ADDRESS **76 S. Laura St. - #1702**
CITY-ST-ZIP **Jacksonville FL 32202**

TITLE V/D ☒ Delete
NAME **NATHERSON, RON**
STREET ADDRESS **76 SOUTH LAURA STREET-SUITE 1702**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE V/D ☒ Change ☐ Addition
NAME **Brown, Doug**
STREET ADDRESS **760 Riverside Avenue - #255**
CITY-ST-ZIP **Jacksonville FL 32204**

TITLE T/D ☒ Delete
NAME **HEMPHILL, DAVID**
STREET ADDRESS **4223 VENETIA BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE T/D ☒ Change ☐ Addition
NAME **Smith, Mary Ellen**
STREET ADDRESS **8203 Holly Ridge Road**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08

**904
358-3600**