

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740244

FILED
Feb 20, 2009
Secretary of State

Entity Name: MUSEUM OF CONTEMPORARY ART JACKSONVILLE, INC.

Current Principal Place of Business:

333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

333 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-0689705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARTNER, WINFIELD
1660 PRUDENTIAL DRIVE,
SUITE 203
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

GARTNER, WINFIELD
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32217 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:

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: BAKER, SCOTT
Address: ONE INDEPENDENT DR., STE. 2300
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: C () Delete
Name: HASKELL, PRESTON
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T () Delete
Name: HOWARD, ALAN
Address: 14 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S () Delete
Name: FAIRMAN, CHRISTINE
Address: 1345 OCEAN BOULEVARD
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: DD () Delete
Name: KINGHORN, GEORGE
Address: 333 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D (X) Delete
Name: BRODER, DEBBIE
Address: 333 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: GELLATLY, MARGARET
Address: 1224 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: D (X) Change () Addition
Name: BRODER, DEBORAH
Address: 333 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH BRODER

D

02/20/2009

Electronic Signature of Signing Officer or Director

Date