

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90026 046 ****70.00

DOCUMENT # N00000004302

1. Entity Name
WJCT FOUNDATION, INC.



Principal Place of Business
**100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202**

Mailing Address
**100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202**

54000288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3657546

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOYLAN, MICHAEL T
100 FESTIVAL PARK AVENUE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **BOYLAN, MICHAEL T**
STREET ADDRESS **100 FESTIVAL PARK AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE ☐ Delete
NAME **D
WEAVER, DELORES**
STREET ADDRESS **1 ALLTEL STADIUM PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE ☐ Delete
NAME **WINSTON, JIM**
STREET ADDRESS **601 RIVERSIDE AVE., BLDG 2 SUITE 619**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☒ Change ☐ Addition
NAME **WINSTON, JAMES**
STREET ADDRESS **601 RIVERSIDE AVE., BLDG II SUITE 619**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D
HELMS, ROBERT**
STREET ADDRESS **225 WATER STREET, 11TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

TITLE ☐ Delete
NAME **D
MANGUS, PAUL S**
STREET ADDRESS **50 NORTH LAURA STREET 41ST FLOOR**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☒ Change ☐ Addition
NAME **MANGUS, PAUL**
STREET ADDRESS **225 WATER ST.**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D
LYON, WILFORD C JR**
STREET ADDRESS **6730 EPPING FOREST WAY NORTH #101**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Change ☒ Addition
NAME **D
DUBOW, LAWRENCE**
STREET ADDRESS **4801 EXECUTIVE PARK COURT, #100**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael T. Boylan 1/8/04 904-358-6335