


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004354  
 1. Entity Name  
 CARNIVAL ORGANIZATION OF JACKSONVILLE INC.



Principal Place of Business      Mailing Address  
 6609 IVORY CREST WAY      6609 IVORY CREST WAY  
 JACKSONVILLE, FL 32244      JACKSONVILLE, FL 32244



05112006 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 NOT APPLICABLE      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HICKS, DEBBIE  
 50 NORTH LAURA STREET  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACK, THEO JR
STREET ADDRESS	6609 IVORY CREST WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	D
NAME	BACCHUS, GARVIN
STREET ADDRESS	7869 CHARLOTTE OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	AUGUSTE, MAC
STREET ADDRESS	10550-728 BAYMEADOWS
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	HARRIS, GARY
STREET ADDRESS	10990 FAWTOOTH CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	SAMUEL, DANIELLE
STREET ADDRESS	5900 TOWNSEND ROAD - APT #1024
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD00000549052  
 05/13/06-80004-025 61.25

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 empowered.

SIGNATURE: *Danielle Samuel* DANIELLE SAMUEL - TREASURER 05/11/06 904-226-9447

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #