


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)

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

UD0000549052
 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 #