2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004354

1. Entity Name

CARNIVAL ORGANIZATION OF JACKSONVILLE INC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

6609 IVORY CREST WAY JACKSONVILLE, FL 32244

Mailing Address

6609 IVORY CREST WAY JACKSONVILLE, FL 32244



05112006 No Chg-NP

CR2E037 (4/06)

U	NUI	WKI	ie in i	HIS	SPACE		4. FEI Number		Applied For
				<u></u>			NOT APPLICABLE		Not Applicable
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6. Name and Address of Current Registered Agent

HICKS, DEBBIE 50 NORTH LAURA STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

			1,3		The state of the s	
8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered offi	ce or r	egistered agent, or i	ooth, in the State of Florida. I am familiar with,	and accept
SIGNATURE.				· · · · · · · · · · · · · · · · · · ·	-	· ·
	Signature, typed or printed name of registered agent and title it	applicable (NOTE, Registered Agent	signature	required when reinstating)	DATE	**
D	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		~ જાજે .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK, THEO JR 6609 IVORY CREST WAY JACKSONVILLE, FL 32244	-	\$+ · ·	All And Annual Control of the Annual Control	The second secon	A CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACCHUS, GARVIN 7869 CHARLOTTE OAK LANE JACKSONVILLE, FL 32277		era.	The second secon		25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTE, MAC 10550-728 BAYMEADOWS JACKSONVILLE, FL 32256		-	DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GARY 10990 FAWTOOTH CT. JACKSONVILLE, FL 32218		সাকৰি জ	IN	THIS SPACE	en eng
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL, DANIELLE 5900 TOWNSEND ROAD - APT #1024 JACKSONVILLE, FL 32244			Section 19 1 19 19 19 19 19 19 19 19 19 19 19 1	And the second s	A Section
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indicated	ertily that the information supplied with this fill	ny does not quanty for the exemption	is con	tained in Chapter 11	e, Florida Statutes, I further centry that the in	tormation

12. I hereby certify that the information supplied with this filling 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: SOUTH STAND SANGEL - TREASURER OS/11/06 904 - 226-9447