

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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



FILED

08 JUL 24 PM 1:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



07232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3666795 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JACK, THEO JR.
 6609 IVORY CREST WAY
 JACKSONVILLE, FL 32244

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 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK, THEO JR 6609 IVORY CREST WAY JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COX, DARREN 2752 CRUMPLEHORN LANE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD HAMID, RIAZ 5923 HOLLY BAY DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRINAUTH, RIANA 10075 GATE PARKWAY N, UNIT 2213 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMUEL, DANIELLE 10065 DELANO DRIVE EAST JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/21/08 90045 008 \$61.25

DO NOT WRITE IN THIS SPACE

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 07/23/08 904-226-9447