

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)

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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

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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

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