2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 28, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N0000007257 1. Entity Name JACKSONVILLE CENTRE OF THE ARTS, INC.						08-28-2007	90023 00	08 ****6	51.25	
2049 N. PE	ce of Business ARL STREET LE, FL 32206	Mailing Address 2049 N. PEARL STREET JACKSONVILLE, FL 322				-				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08212007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		•	4. FEI Numbe 31-1740				pplied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
	4.		Nam) 6						
JUSTICE, KEZIA 2049 N.PEARL STREET JACKSONVILLE EL 22206				Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32206										
,			City				FL	Zip Cod	e	
8. The above the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or both	n, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE	Signaturar typed or english name of registered about	and title if applicable. (NOTE	: Registered Agent s	irmatura racuirea	(when reinstation)		\$23/o	7		
					THIS THOUSAND		DATE		·····	
1	Filing Fee is \$61.25	9. Election Campaign Financing Trust Fund Contribution.				laka ahaak	payable t	_		
Q D	ue by September 14, 2007				\$5.00 May Be Added to Fees		rida Depart			
10.	-	Trust Fund C			Added to Fees		rida Depart	ment of S	tate	
<u> </u>	ue by September 14, 2007	Trust Fund C	ontribution.		Added to Fees ADDITIONS/CHA	Fior	rida Depart	ment of S	10	
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PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE