2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007257

FILED Sep 03, 2008 Secretary of State

Entity Name: JACKSONVILLE CENTRE OF THE ARTS, INC.

Current Principal Place of Business: New Principal Place of Business: 2049 N. PEARL STREET JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 2049 N. PEARL STREET JACKSONVILLE, FL 32206 FEI Number: 31-1740457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JUSTICE, KEZIA ROLLE, KEZIA 2049 N.PEARL STREET 2049 N.PEARL STREET JACKSONVILLE, FL 32206 US JACKSONVILLE, FL 32206 US 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. SIGNATURE: KEZIA ROLLE 09/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOTLEY, RUSSELL Name: Name: 334 E. ASHLEY ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: Title: () Delete () Change () Addition MOTLEY, RUSSELL Name: Name: Address: 334 E ASHLEY ST Address: JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ALEXANDER, CAROL Name: Name: Address: 829 N. DAVIS ST. Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SMITH, GLEN Name: Address: 116 LOST BEACH LANE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: () Delete Title: () Change () Addition FISCHER, JIM Name: Name: 441 TORTOISE TRACE Address: Address: JACKSONVILLE, FL 32259 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition JUSTICE, KEZIA ROLLE, KEZIA Name: Name: Address: 1824 NORTH LAURA STREET Address: 2049 NORTH PEARL STREET JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEZIA ROLLE DIRE 09/03/2008