

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007257

FILED  
Aug 12, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE CENTRE OF THE ARTS, INC.

**Current Principal Place of Business:**

2049 N. PEARL STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

2049 N. PEARL STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**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:**

ROLLE, KEZIA  
2049 N. PEARL STREET  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOTLEY, RUSSELL  
Address: 334 E. ASHLEY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP ( ) Delete  
Name: MOTLEY, RUSSELL  
Address: 334 E ASHLEY ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: ALEXANDER, CAROL  
Address: 829 N. DAVIS ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D ( ) Delete  
Name: SMITH, GLEN  
Address: 116 LOST BEACH LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: FISCHER, JIM  
Address: 441 TORTOISE TRACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: PVST ( ) Delete  
Name: ROLLE, KEZIA  
Address: 2049 NORTH PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/T (X) Change ( ) Addition  
Name: HOLDER, PHILLIP  
Address: 2049 N. PEARL ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KEMP, CHARLES  
Address: 2049 N. PEARL ST.  
City-St-Zip: JACKSONVILLE, FL 32206

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

EX D

08/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date