

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007257

FILED
Feb 17, 2010
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 ()

Name and Address of Current Registered Agent:

ROLLE, KEZIA
2049 N. PEARL STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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
Name: MOTLEY, RUSSELL
Address: 334 E. ASHLEY ST
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEZIA ROLLE

D

02/17/2010

Electronic Signature of Signing Officer or Director

Date