

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006303

FILED
May 01, 2003
Secretary of State

Entity Name: JACKSONVILLE CHILDREN'S MUSEUM, INC.

Current Principal Place of Business:

622 METEOR ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

622 METEOR ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 68-0517614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLOGG, LASHONDA L
622 METEOR ST
JACKSONVILLE, FL 32205 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: V () Delete
Name: SIRMONES, YOLANDA C
Address: 7125 LUKE ST
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: P () Delete
Name: KELLOGG, LASHONDA
Address: 622 METEOR STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: HENDERSON, KATHY
Address: 8015 S CHATEAU DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Change (X) Addition
Name: DOVE, LISA
Address: 6613 SHINY STONE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Change (X) Addition
Name: KERKEZI, JASON
Address: 8787 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Change (X) Addition
Name: FOREHAND, CARRIE
Address: 922 S 7 ST
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LASHONDA KELLOGG

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date