


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90029 048 ****61.25

DOCUMENT # N02000006577	
1. Entity Name DUVAL COMMUNITY ARTS COUNCIL, INC.	

Principal Place of Business 1500 N.W. 36TH WAY GAINESVILLE, FL 32605	Mailing Address 1500 N.W. 36TH WAY GAINESVILLE, FL 32605
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50000927

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
05-0523269

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, BRUCE M. 2622 N.W. 43RD STREET SUITE C-5 GAINESVILLE, FL 32606		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P JOHNSON, MOSES M 1936 N.E. 8TH AVENUE GAINESVILLE, FL 32641	TITLE	P, D BRUCE SMITH 2622 NW 43 ST C 5 Gainesville FL 32606
NAME	ADAMS, ELIZABETH 3226 S.W. 62ND LANE GAINESVILLE, FL 32608	NAME	VP REV. John McKenzie 1945 NE 8 Ave Gainesville FL 32641
STREET ADDRESS	SKINNER, JUDY 1323 N.W. 2ND STREET GAINESVILLE, FL 32601	STREET ADDRESS	VP REV CLIFFORD PATRICIA 1936 NW 8 Ave Gainesville FL 32641
CITY-ST-ZIP	HOMAN, NORMA 1500 NW 36 WAY GAINESVILLE, FL 32605	CITY-ST-ZIP	
	D CHESTNUT, CHARLES IV 1773 N.E. 21ST PLACE GAINESVILLE, FL 32609		
	D DELANEY, PAUL 4808 N.W. 38TH STREET GAINESVILLE, FL 32605		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11.

Norma Homan, Treasurer 1/8/07