

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006577

FILED  
Mar 05, 2008  
Secretary of State

**Entity Name:** DUVAL COMMUNITY ARTS COUNCIL, INC.

**Current Principal Place of Business:**

1500 N.W. 36TH WAY  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1500 N.W. 36TH WAY  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 05-0523269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BRUCE M  
2622 N.W. 43RD STREET SUITE C-5  
GAINESVILLE, FL 32606 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 ( ) Delete  
Name: JOHNSON, MOSES M  
Address: 1936 N.E. 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: PD ( ) Delete  
Name: SMITH, BRUCE  
Address: 2622 NW 43ST CS  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD ( ) Delete  
Name: SKINNER, JUDY  
Address: 1323 N.W. 2ND STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete  
Name: HOMAN, NORMA  
Address: 1500 NW 36 WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Delete  
Name: MCKENZIE, JOHN REV  
Address: 1945 NE 8 AVE  
City-St-Zip: GAINESVILLE, FL 32641

Title: VP ( ) Delete  
Name: PATRICK, CLIFFORD REV  
Address: 1936 NW 8 AVE  
City-St-Zip: GAINESVILLE, FL 32641

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NORMA M. HOMAN

TREA

03/05/2008

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

\_\_\_\_\_  
Date