2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# N02000006577

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
Name: JOHNSON, MOSES M
Address: 1936 N.E. 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

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

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

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

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

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

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: NORMA M. HOMAN T 02/18/2010

Electronic Signature of Signing Officer or Director — Date