

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90189 017 ****61.25

DOCUMENT # N02000007949

1. Entity Name

**DOUGLAS ANDERSON SCHOOL OF THE ARTS VOCAL
BOOSTERS ASSOCIATION, INC.**



Principal Place of Business

**2445 SAN DIEGO ROAD
JACKSONVILLE FL 32207-3699**

Mailing Address

**2445 SAN DIEGO ROAD
JACKSONVILLE FL 32207-3699**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

22-3877996

Applied For

Not Applicable

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

**CLAYTON, JEFFREY
DOUGLAS ANDERSON SCHOOL OF ARTS
2445 SAN DIEGO RD
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEATHERS, RANDY	
STREET ADDRESS	2445 SAN DIEGO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207-3699	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSEN, DESIREE	
STREET ADDRESS	2445 SAN DIEGO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207-3699	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUNINGER, LAURA	
STREET ADDRESS	2445 SAN DIEGO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207-3699	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSGROVE, SHERYL	
STREET ADDRESS	2445 SAN DIEGO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207-3699	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Leon	
STREET ADDRESS	2445 San Diego Road	
CITY-ST-ZIP	Jacksonville, FL 32207-3699	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Long	
STREET ADDRESS	2445 San Diego Road	
CITY-ST-ZIP	Jacksonville, FL 32207-3699	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jo Ramsay	
STREET ADDRESS	2445 San Diego Road	
CITY-ST-ZIP	Jacksonville, FL 32207-3699	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Jones	
STREET ADDRESS	2445 San Diego Road	
CITY-ST-ZIP	Jacksonville, FL 32207-3699	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Burns	
STREET ADDRESS	2445 San Diego Road	
CITY-ST-ZIP	Jacksonville, FL 32207-3699	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA JONES, TREASURER

4/2/2004 904-346-5620 X13

Date

Daytime Phone #