


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

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90029 035 ****70.00

DOCUMENT # N02000008865	
1. Entity Name WORLD AFFAIRS COUNCIL OF JACKSONVILLE INCORPORATED	

Principal Place of Business 4015 ALHAMBRA DRIVE WEST JACKSONVILLE FL 32207	Mailing Address 4015 ALHAMBRA DRIVE WEST JACKSONVILLE FL 32207
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MOORE CR2E037 (11/03)

2. Principal Place of Business 100 Corridor Rd South	3. Mailing Address 3948 Third St So, #380
Suite, Apt. #, etc.	Suite, Apt. #, etc. No 380

City & State Ponte Vedra, FL	City & State Jacksonville FL	4. FEI Number 59-2522757	Applied For <input type="checkbox"/> Not Applicable
Zip 32082	Country	Zip 32250	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARE, IVAN 4015 ALHAMBRA DRIVE WEST JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name: SANDRA L. COOK Street Address (P.O. Box Number is Not Acceptable): 140 Laurel Lane Ponte Vedra FL Zip Code 32082
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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: **SANDRA L. COOK, Treasurer** *Sh Cook* **3/6/04**
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. <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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCAFFEE, MARILYN 24700 DEER TRACE DR. PONTE VEDRA FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRK, SUSAN 112 HARBOURMASTER CT PONTE VEDRA FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer SANDRA L. COOK 140 Laurel Lane Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HART, SAMUEL 3809 BRAMPTON ISLAND CT. JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARE, IVAN ADMINST 4015 ALHAMBRA DRIVE WEST JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sandra L. Cook** **3/6/04** **(904) 563-4898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #