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

**FILED**
**Mar 11, 2004 8:00 am**
**Secretary of State**
02-26-2004 90009 006 ****70.00

DOCUMENT # N03000002597

1. Entity Name

SPECIAL EVENTS ADVISORY COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 117 W DUVAL ST STE 220<br>JACKSONVILLE FL 32202-3700 | 117 W DUVAL ST STE 220<br>JACKSONVILLE FL 32202-3700 |

bb4UJJJ4

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 30-0166229 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

FERRELL, MARY L
117 W DUVAL ST STE 220
JACKSONVILLE FL 32202-3700

**7. Name and Address of New Registered Agent**

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>KENDALL-JONES, BETTY<br>6485 MASAL ST<br>JACKSONVILLE FL 32216 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>HOLT, EDWARD<br>1203 E THIRD ST<br>JACKSONVILLE FL 32206 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>Bacchus, Mary Lou<br>4600 Middleton Park Circle E.<br>Jacksonville, FL 32224<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KNIGHT, ANNIE J<br>216 E 48 ST<br>JACKSONVILLE FL 32208 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Anderson, Sandi<br>4250 Lakeside Dr., Suite 116<br>Jacksonville, FL 32210<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BACCHUS, MARY LOU<br>4600 MIDDLETON PARK CIR EAST<br>JACKSONVILLE FL 32224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Argroves, Sandy<br>233 N. 3rd St., Suite 201<br>Jacksonville Beach, FL 32250 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARLOW, GWEN<br>9855 REGENCY SQUARE BLVD UNIT 93<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Moson, Madlen<br>6724 Heidi Rd.<br>Jacksonville, FL 32277 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, FRANCES M<br>3505 CORBY ST #112<br>JACKSONVILLE FL 32205 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Mary Lou Bacchus 2/19/04 (904)233-5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66405552
N030000002597

**Adult Services Division**
**Community Services Department**
**Mayor's Special Events/SPOA**

# MAYOR'S SPECIAL EVENTS ADVISORY COUNCIL (SEAC)
## MEMBERSHIP LIST

**Ms. Sandi Anderson-Treasurer**
Urban Jacksonville
4250 Lakeside Drive Suite 116
Jacksonville, Florida 32210
807-1223
sandi0223@cs.com

**Ms. Sandy Argroves**
Comfort Keepers
233 North 3rd Street
Suite 201
Jacksonville Beach, FL 32250
247-0402
skargroves@aol.com

**Ms. Mary Lou Bacchus-Chairperson**
NBA Cypress Village
Director Sales & Marketing
4600 Middleton Park Circle E
Jacksonville, FL 32224
807-6258
mbacchus@NBACares.org

**Ms. Gwen Barlow**
9855 Regency Square Blvd. Unit 93
Jacksonville, FL 32225
725-7301
Rite44@hotmail.com

**Officer Thad Danson**
1875 Ribault Court
Jacksonville, FL 32205
403-9201 cell

**Mr. Dave Eason**
1805 Flag Street
Jacksonville, FL 32209
630-0928 (W)
deason@coj.net

**Mr. Edward Holt**
1203 E. Third Street
Jacksonville, FL 32206
699-2361

**Mr. John Howey**
285 Village Green Avenue
Jacksonville, FL 32259
230-9556

**Ms. Betty Kendall-Jones Co-chairperson**
LCI, Ltd., P.O. Box 49000
Jacksonville Beach, FL 32240
241-1200 ext. 124
bkj@lciltd.com

**Ms. Anne Knight**
216 E. 48th Street
Jacksonville, FL 32208
Home 354-6421
Cell 705-4497, Pager 448-7534

**Mr. David Landers**
4820 Pinewood Avenue
Jacksonville, FL 32257
568-5054
David@SeasonedSaints.com

**Ms. Dorothy Lobato**
4850 Lofty Pines Circle, West
Jacksonville, FL 32210
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clown138@comcast.net

**Ms. Suzanne Loden**
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4250 Lakeside Drive Suite 116
Jacksonville, FL 32210
807-1200
Suzanne_Loden@comcast.net

**Ms. Madlen Moson**
6724 Heidi Road
Jacksonville, FL 32277
743-7326
page3235@juno.com

**Ms. Betty Smith**
NE FL Area Agency on Aging
4401 Wesconnett Blvd. 2nd Fl.
Jacksonville, Florida 32244
777-2106
smithb@elderaffairs.org

**Mr. Elwood Thalheimer**
12581 Ashglen Drive North
Jacksonville, FL 32224
998-9924

**Mr. Wilfred Ward**
4827 Tara Wood Court
Jacksonville, FL 32210
771-0412
willw9273@aol.com

**Ms. Alicia West**
Home Care Supply
1057 Ellis Road Suite 17
Jacksonville, Florida 32254
244-4043
759-0914 cell
1west@attbi.com

For information contact:

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Public Relations Manager
Adult Services Division
117 W. Duval Street, Suite 220
Jacksonville, FL 32202
630-2681
**Mferrell@coj.net**