

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90051 024 ****70.00

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1. Entity Name

SPECIAL EVENTS ADVISORY COUNCIL, INC.



Principal Place of Business

117 W DUVAL ST STE 220
JACKSONVILLE FL 32202-3700

Mailing Address

117 W DUVAL ST STE 220
JACKSONVILLE FL 32202-3700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

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

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

Mary L. Ferrell
(NOTE: Registered Agent signature required when reinstating)

1/24/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	C	<input checked="" type="checkbox"/> Delete
NAME	KENDALL-JONES, BETTY	
STREET ADDRESS	6485 MASAL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BACCHUS, MARY LOU	
STREET ADDRESS	4600 MIDDLETON PARK CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, SANDI	
STREET ADDRESS	4250 LAKESIDE DR., SUITE 116	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACCHUS, MARY LOU	
STREET ADDRESS	4600 MIDDLETON PARK CIR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, GWEN	
STREET ADDRESS	9855 REGENCY SQUARE BLVD UNIT 93	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGROVES, SANDY	
STREET ADDRESS	233 N. 3RD ST., SUITE 201	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Argroves Wilson	
STREET ADDRESS	333 N Laura St.	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Eason	
STREET ADDRESS	117 W. Duval St. Ste 220	
CITY-ST-ZIP	Jacksonville FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Kendall-Jones	
STREET ADDRESS	6485 Masal St.	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Will Ward	
STREET ADDRESS	4827 Tara Woods Court	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert Brackenridge	
STREET ADDRESS	4401 Wesconnett Blvd. 2nd Floor	
CITY-ST-ZIP	Jacksonville FL 32244	

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:

Sandy Argroves Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05
Date

234-1148
Daytime Phone #