


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 017 ****61.25

DOCUMENT # N03000002597 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		4. FEI Number 30-0166229	
				5. Certificate of Status Desired <input type="checkbox"/> \$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	
				State 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 <u><i>Madlen Moson</i></u> DATE <u>1/19/06</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASON, DAVE		NAME		
STREET ADDRESS	117 WEST DUVAL STREET STE 220		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32202		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENDALL-JONES, BETTY		NAME		
STREET ADDRESS	6485 MASAL STREET		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32216		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, SANDI		NAME		
STREET ADDRESS	4250 LAKESIDE DR., SUITE 116		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, WILL		NAME		
STREET ADDRESS	4827 TARA WOODS COURT		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRACKENRIDGE, HERBERT		NAME		
STREET ADDRESS	4401 WESCONNETT BOULEVARD 2ND FLOOR		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32244		CITY- ST- ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANGROVES WILSON, SANDY		NAME	Madlen Moson	
STREET ADDRESS	333 NORTH LAURA STREET		STREET ADDRESS	4370 Jiggermast Ave	
CITY- ST- ZIP	JACKSONVILLE, FL 32202		CITY- ST- ZIP	Jax, FL 32277	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Madlen Moson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/19/06</u> Daytime Phone # <u>743-7326</u>		