

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 039 ****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**

90000



01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
30-0166229

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
EASON, DAVE
117 WEST DUVAL STREET STE 220
JACKSONVILLE, FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KENDALL-JONES, BETTY
6485 MASAL STREET
JACKSONVILLE, FL 32216** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ANDERSON, SANDI
4250 LAKESIDE DR., SUITE 116
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WARD, WILL
4827 TARA WOODS COURT
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRACKENRIDGE, HERBERT
4401 WESCONNETT BOULEVARD 2ND FLOOR
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MOSON, MADLEN
4370 JIGGERMAST AVE.
JACKSONVILLE, FL 32277** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Shirley Haynes
601 N. Newman St.
Jax. FL 32202** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4160 Woodcock Dr. 2nd Floor
Jax. FL 32207** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4370 JIGGERMAST AVE
JAX. FL 32277** ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #