

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002597

FILED  
Sep 16, 2009  
Secretary of State

**Entity Name:** SPECIAL EVENTS ADVISORY COUNCIL, INC.

**Current Principal Place of Business:**

117 W DUVAL ST STE 220  
JACKSONVILLE, FL 322023700

**New Principal Place of Business:**

**Current Mailing Address:**

117 W DUVAL ST STE 220  
JACKSONVILLE, FL 322023700

**New Mailing Address:**

**FEI Number:** 30-0166229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FERRELL, MARY L  
117 W DUVAL ST STE 220  
JACKSONVILLE, FL 322023700 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: EASON, DAVE  
Address: 117 WEST DUVAL STREET STE 220  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: HAYNES, SHIRLEY  
Address: 601 N NEWSOME ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: ANDERSON, SANDI  
Address: 4250 LAKESIDE DR., SUITE 116  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: WARD, WILL  
Address: 4827 TARA WOODS COURT  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: BRACKENRIDGE, HERBERT  
Address: 4160 WOODCOCK DR 2ND FL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: C ( ) Delete  
Name: MOSON, MADLEN  
Address: 4370 JIGBER MAST AVE  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FERRELL

RA

09/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date