

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 NOV -9 PM 1:07
FILED
SECRETARY
TALLAHASSEE, FLORIDA
REINSTATEMENT 05

DOCUMENT # N04000003468

1. Entity Name
JACKSONVILLE CONSORTIUM OF AFRICAN-AMERICAN
ARTIST, INC.



Principal Place of Business
2743 N DAVIS STREET
JACKSONVILLE, FL 32209

Mailing Address
2743 N DAVIS STREET
JACKSONVILLE, FL 32209

2. Principal Place of Business
101 W. 1st St.
Suite, Apt. #, etc.

3. Mailing Address
c/o Karpeles Manuscript Museum
101 W. 1st St.
Suite, Apt. #, etc.

T. Roberts NOV 9-2005



10112005 REIN-NP CR2E099 (6/04)

City & State
Jacksonville, FL 32206
Zip Country

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Jacksonville, FL 32206
Zip Country

4. FEI Number
54-2167747
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICKETT, SUZANNE
10139 BROOKWOOD FOREST BLVD
JACKSONVILLE, FL 32225

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-6-05

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WYNN, DONALD R
STREET ADDRESS 2734 N DAVIS STREET
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D Treasurer ☐ Delete
NAME PICKETT, SUZANNE
STREET ADDRESS 10139 BROOKWOOD FOREST BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D Vice-President ☒ Delete
NAME MAYERS, GIL
STREET ADDRESS 1313 LONDON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Daniel R. Wynn
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200060696762
CITY-ST-ZIP 10/18/05--01012--002 **236.25

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

TITLE Secretary ☐ Change ☒ Addition
NAME Annelies M. Dykgraaf
STREET ADDRESS 9775 Bradley Rd
CITY-ST-ZIP Jacksonville, FL 32246

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

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

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: *Suzanne Pickett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/05

904-537-3364

Date

Daytime Phone #