

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003468

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

101 W 1ST ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

C/O KARPELES MANUSCRIPT MUSEUM
101 W 1ST ST
JACKSONVILLE, FL 32206

New Mailing Address:

10139 BROOKWOOD FOREST BLVD
JACKSONVILLE, FL 32225

FEI Number: 54-2167747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKETT, SUZANNE
10139 BROOKWOOD FOREST BLVD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: PICKETT, SUZANNE
Address: 10139 BROOKWOOD FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: HATCHER, MARSHA VICE PR
Address: 3629 HAMPTON GLAN PL.
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: DYKGRAAF, ANNELIES M
Address: 9775 BRADLEY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILBERT, MAYERS
Address: 1313 LONDON AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change () Addition
Name: HILBERT, ROXANN VICE PR
Address: 2008 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: S (X) Change () Addition
Name: SUZANNE, PICKETT M
Address: 10139 BROOKWOOD FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Change (X) Addition
Name: HOLLOMAN, GENE
Address: 8611 WYNDHURST DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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: SUZANNE PICKETT

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04/29/2008

Electronic Signature of Signing Officer or Director

Date