

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N28296

1. Entity Name

THE DOUGLAS ANDERSON SCHOOL OF THE ARTS
FOUNDATION, INC.



Principal Place of Business

231 EAST ADAMS ST.
JACKSONVILLE FL 32202

Mailing Address

231 EAST ADAMS ST.
JACKSONVILLE FL 32202



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3033011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

DUNN, JEFFREY D.
231 EAST ADAMS ST.
JACKSONVILLE FL 32202

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 of ~~Jeffrey D. Dunn~~ and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 17, 2007

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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 PD
NAME DUNN, JEFFREY D. ☐ Delete
STREET ADDRESS 231 EAST ADAMS ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VD
NAME BAKER, ANN ☐ Delete
STREET ADDRESS 4915 MORVEN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE TD
NAME BRYAN, J. SHEPARD JR. ☐ Delete
STREET ADDRESS 1651 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE SD
NAME CORNELIUS, JACKIE ☐ Delete
STREET ADDRESS 2445 SAN DIEGO RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000769421
CITY-ST-ZIP 07/18/07-80005-015 61.25

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

JEFFREY D. DUNN

July 17, 2007

Date

904/353-6440

Daytime Phone #