

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 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

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3033011

Applied For
Not Applicable

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

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, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

* DATE

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000829608
02/26/08-80047-018 61.25**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey D. Dunn

Jeffrey D. Dunn

Jan. 24, 2008

904/353-6440