


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90004 043 ****61.25

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DOCUMENT # N35718			
1. Entity Name AMERICAN INSTITUTE OF GRAPHIC ARTS, JACKSONVILLE CHAPTER, INC.			
Principal Place of Business 3886 ATLANTIC BLVD JACKSONVILLE, FL 32207		Mailing Address C/O UNF/CVA 4567 ST JOHN BLUFF ROADS JACKSONVILLE, FL 32224-2660	
2. Principal Place of Business 1528 Flagler Avenue		3. Mailing Address 96 UNF/Marketing & Publications 4567 St. Johns Bluff Rd, S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country	Zip 32224-2645	Country
4. FEI Number 59-2958942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, DAVID S 1416 STRAND NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name: Mary Ann Rosenthal Street Address (P.O. Box Number is Not Acceptable): University of North Florida, Marketing & Publications 4567 St. John's Bluff Rd, South City: Jacksonville FL Zip Code: 32224-2645	
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 <i>Mary Ann Rosenthal</i> (MARY ANN ROSENTHAL)		DATE <i>July 12, 2004</i>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PORTER, DAVID S 1416 STRAND NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mary Ann Rosenthal University of North Florida, Marketing, Publications 4567 St. John's Bluff Rd, S., Jacksonville, FL, 32224-2645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENTHAL, MARY ANN UNF DEPT OF NEWS & PUBLICATIONS JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Russel Quadros 1528 Flagler Ave. Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, LAURA 3886 ATLANTIC BLVD JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Jennifer Markuica 8787 Baypine Road, Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mary Ann Rosenthal</i>		Date <i>July 12, 2004</i> Daytime Phone # <i>904.620.2189</i>	