

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003906

FILED
Jan 16, 2009
Secretary of State

Entity Name: DUVAL ART TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

1701 PRUDENTIAL DRIVE
6TH FLR ROOM 606
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1701 PRUDENTIAL DRIVE
6TH FLR ROOM 606
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3224472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, JACK
1701 PRUDENTIAL DRIVE
6TH FLR, ROOM 606
JACKSONVILLE, FL 32207 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: DS () Delete
Name: WRIGHT, PATTI G
Address: 12621 SAND RIDGE DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP () Delete
Name: JOHNSON, DANA
Address: 452 MYRA ST.
City-St-Zip: JACKSONVILLE, FL 32266

Title: PD () Delete
Name: SNEAD, JENNIFER F
Address: 8532 VERMANTH RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DT () Delete
Name: WALCAVICH, ALYCE E
Address: 212 SPRINGWOOD LN
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MACKOUL, MARY
Address: 3673 SHAWNEE SHORES DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALYCE WALCAVICH

DT

01/16/2009

Electronic Signature of Signing Officer or Director

Date