NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005331 (4)

1. Corporation Name

MUSEUM OF EDUCATION, COMMUNITY AND CULTURAL ARTS , INC.

Principal Place of Business	Mailing Address
P.O. BOX 24993 JACKSONVILLE FL 32241-4993	P.O. BOX 24993 JACKSONVILLE FL 32241-4993

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-3214228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

JONES, RYAN G
128 EAST FORSYTH STREET
STE. 500
JACKSONVILLE FL

10. Name and Address of New Registered Agent

01 Name: Ryan C. Jones
02 Street Address (P.O. Box Number is Not Acceptable): 1886 San Marco Blvd., #2
03
04 City: Jacksonville FL 05 Zip Code: 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 20 July 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, CAROL	1.2 NAME	
STREET ADDRESS	9550 BEAUCLERC COVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DELKE, ALEJANDRA	2.2 NAME	
STREET ADDRESS	2880 FORREST CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, CHARLES L	3.2 NAME	
STREET ADDRESS	5991 CHESTER AVENUE STE. 213	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HERBERT, KAREN	4.2 NAME	
STREET ADDRESS	13078 BIGGIN CHURCH ROAD S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, MARQUETTA	5.2 NAME	
STREET ADDRESS	1789 RIVER ROAD STE. 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, LYDIA	6.2 NAME	
STREET ADDRESS	10218 SHORE VIEW DRIVE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marquetta D. Knight 20 July 95 904-398-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002223