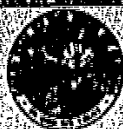


ISSUING NOTICE: CORPORATION SHALL BE SUBMITTED ON OR AFTER JANUARY 1, 1995
ANNUAL REPORT ON OR BEFORE APRIL 15 OF EACH YEAR. THE ANNUAL REPORT SHALL BE SUBMITTED TO THE

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. 109.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Ryan G. Jones

82 Street Address (P.O. Box Number is Not Acceptable)

1886 San Marco Blvd., #2

83

84 City

Jacksonville

FL

85 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

20 July 95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	ALEXANDER, CAROL	9550 BEAUCLERC COVE ROAD	JACKSONVILLE FL 32259
D	DELKE, ALEJANDRA	2880 FORREST CIRCLE	JACKSONVILLE FL 32257
D	GRIGGS, CHARLES L	5991 CHESTER AVENUE STE. 213	JACKSONVILLE FL 32224
D	HERBERT, KAREN	13078 BIGGIN CHURCH ROAD S.	JACKSONVILLE FL 32224
D	KNIGHT, MARQUETTA	1789 RIVER ROAD STE. 2	JACKSONVILLE FL 32207
D	STEWART, LYDIA	10218 SHORE VIEW DRIVE NORTH	JACKSONVILLE FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
☐ Change ☐ Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☐ Change ☐ Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☐ Change ☐ Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☐ Change ☐ Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 July 95 904-398-1487