

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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JACKSONVILLE FL 32241-4993

3. Date Incorporated or Qualified

11/19/1993

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, RYAN G.
1886 SAN MARCO BLVD., #2
JACKSONVILLE FL 32207**

81 Name

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

83

84 City

FL

85 Zip Code

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ALEXANDER, CAROL**
STREET ADDRESS **9550 BEAUCLERC COVE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ DELETE
NAME **D DELKE, ALEJANDRA**
STREET ADDRESS **2880 FORREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE
NAME **D GRIGGS, CHARLES L**
STREET ADDRESS **5991 CHESTER AVENUE STE. 213**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☒ DELETE
NAME **D HERBERT, KAREN**
STREET ADDRESS **13078 BIGGIN CHURCH ROAD S.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ DELETE
NAME **D KNIGHT, MARQUETTA**
STREET ADDRESS **1789 RIVER ROAD STE. 2**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME **D STEWART, LYDIA**
STREET ADDRESS **10218 SHORE VIEW DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **CLEVE WARREN**
1.3 STREET ADDRESS **10543 ARROWHEAD CT**
1.4 CITY-ST-ZIP **JACKSONVILLE FLA 32257-6477**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Carol J. Alexander **CAROL J. ALEXANDER** *4/29/96* **904-737-8951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)