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FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

P.O. BOX 24993  
JACKSONVILLE FL 32241-4993

Mailing Address

P.O. BOX 24993  
JACKSONVILLE FL 32241-4993

3. Date Incorporated or Qualified

11/19/1993

4. FEI Number

59-3214228

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32207-3058

30

Duval

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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

MARQUETTA D. KNIGHT

82

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

83

1789 River Rd. #2

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

Marquetta D. Knight

5/1/98

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ALEXANDER, CAROL  
STREET ADDRESS 9550 BEAULIERC COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32259

☒ DELETE

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

☐ DELETE

TITLE D  
NAME GRIGGS, CHARLES L  
STREET ADDRESS 5891 CHESTER AVENUE STE. 213  
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ DELETE

TITLE D  
NAME WARREN, CLEVE  
STREET ADDRESS 10543 ARROWHEAD CT  
CITY-ST-ZIP JACKSONVILLE FL 77

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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 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 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

5/1/98

can 32207-4160

CR2E037 (1097)