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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005002 (9)

1. Corporation Name

**JACKSONVILLE INTERNATIONAL AIRPORT ARTS COMMISSI
ON, INC.**



Principal Place of Business

Mailing Address

**2831 TALLYRAND AVE.
JACKSONVILLE FL 32206**

**2831 TALLYRAND AVE.
JACKSONVILLE FL 32206-3417**

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDOZA, C. CLIFF
2831 TALLEYRAND AVE.
JACKSONVILLE FL 32206**

81 Name

KRAUTER, KINNETH R.

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

2831 TALLEYRAND AVENUE

83

JACKSONVILLE, FLORIDA 32206

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 19, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MENDOZA, C CLIFF**
STREET ADDRESS **2831 TALLEYRAND AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **ZONA, JOHN III**
STREET ADDRESS **111 RIVERSIDE AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **ALMAND, SIE**
STREET ADDRESS **51 OCEAN BREEZE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **KRAUTER, KENNETH R.**
1.3 STREET ADDRESS **2831 TALLEYRAND AVENUE**
1.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32206**

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

3.1 TITLE **D** ☐ Change ☐ Addition
3.2 NAME **ALMAND, SUE**
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004761

CR2E037 (9/96)