

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90142 040 ****70.00

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1. Corporation Name

JACKSONVILLE INTERNATIONAL AIRPORT ARTS COMMISSION, INC.

Principal Place of Business

2831 TALLYRAND AVE.
JACKSONVILLE FL 32206

Mailing Address

2831 TALLYRAND AVE.
JACKSONVILLE FL 32206



2. Principal Place of Business

21 **Jacksonville Int'l Airport**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2400 Yahkee Clipper Dr.**

Suite, Apt. #, etc.

27 City & State

City & State

23 **Jacksonville, Florida**

28

Zip Country

24 **32218**

25 **US**

Zip

29

Country

30

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

59-3350022

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

9. Name and Address of Current Registered Agent

KRAUTER, KENNETH R
2831 TALLEYRAND AVE
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KRAUTER, KENNETH R**
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, SUE**
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Bruce Dempsey**

2.3 STREET ADDRESS **7800 Belfort Way, Suite 100**

2.4 CITY-ST-ZIP **Jacksonville, FL 32256**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **2133 Seminole Rd. Unit 3**

3.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

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 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, with all other like empowered.

SIGNATURE:

K. R. Krauter (K. R. KRAUTER) **FEB 25, 1999** (904) 630-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)