2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727697

Entity Name: CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.

FILED Mar 07, 2019 **Secretary of State** 9073514636CC

Current Principal Place of Business:

300 WATER ST STE 201

JACKSONVILLE, FL 32202

Current Mailing Address:

300 WATER ST STE 201

JACKSONVILLE, FL 32202 US

FEI Number: 23-7347442 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

YOUNG, JOY 300 WATER STREET **SUITE #201**

JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOY YOUNG 03/07/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title SECRETARY Name SMITH, PAMELA Name STILLS, JAMARIO 300 WATER STREET 300 WATER STREET Address Address

> SUITE 201 SUITE 201

JACKSONVILLE FL 32202 City-State-Zip:

City-State-Zip: JACKSONVILLE FL 32202

Title **DIRECTOR** Title **DIRECTOR**

Name JOSEPH, CHARLIE Name BAKER, CLAUDIA

Address 4800 DEERWOOD CAMPUS PARKWAY Address 300 WATER STREET

SUITE 201 BLDG 100-8

City-State-Zip: JACKSONVILLE FL 32202 JACKSONVILLE FL 32246 City-State-Zip:

Title **CHAIRMAN** Title DIRECTOR

CAREY, ANN Name

BOCCUZZI, ANNE Name Address 1 SHIRCLIFF WAY

Address 300 WATER STREET City-State-Zip: JACKSONVILLE FL 32204

SUITE 201

City-State-Zip: JACKSONVILLE FL 32202 Title DIRECTOR

BRACEWELL, K MAC Name Title **DIRECTOR**

Address 300 WATER STREET CORNELIUS, JACKIE Name

SUITE 201

Address 300 WATER STREET JACKSONVILLE FL 32202 City-State-Zip: SUITE 201

City-State-Zip: JACKSONVILLE FL 32202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/07/2019 SIGNATURE: PAMELA SMITH TREASURER

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR Name FERRY, BILL Name GASPER, KEMAL

Address 4600 TOUCHTON ROAD EAST SUITE 200 Address 300 WATER STREET SUITE 201

City-State-Zip: JACKSONVILLE FL 32246 JACKSONVILLE FL 32202 City-State-Zip:

Title VICE CHAIR

Title DIRECTOR WALKER FORD, JANET Name Name ALI, RYAN Address

300 WATER STREET Address 300 WATER STREET SUITE 201

SUITE 201 JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** Name LAZZARA, C

Name DONOVAN, DIANA 300 WATER STREET Address

Address 300 WATER STREET SUITE 201

SUITE 201 JACKSONVILLE FL 32202

City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202