

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727697

Entity Name: CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.**Current Principal Place of Business:**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202**Current Mailing Address:**300 W WATER ST
STE 201
JACKSONVILLE, FL 32202 US**FEI Number:** 23-7347442**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALLEGRETTI, ANTONIO
300 WEST 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	HARDING, ABEL
Address	1 INDEPENDENT DRIVE 20TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202
Title	SECRETARY
Name	FLAGG, CHRISTOPHER
Address	220 EAST FORSYTH STREET SUITE A
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	WATSON, FRANK
Address	352 PONTE VEDRA BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	DIRECTOR
Name	ENGDAHL, DAVID
Address	934 SORRENTO ROAD
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	WOOTEN, SCOTT
Address	841 PRUDENTIAL DRIVE
City-State-Zip:	JACKSONVILLE FL 32207
Title	DIRECTOR
Name	BRUNET-GARCIA, DIANE
Address	1510 HENDRICKS AVE
City-State-Zip:	JACKSONVILLE FL 32207
Title	DIRECTOR
Name	CHAMBERS, CATHY
Address	3 INDEPENDENT DRIVE
City-State-Zip:	JACKSONVILLE FL 32202
Title	VC
Name	DANLEY, FRANKLIN
Address	51 WEST STREET
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.

SIGNATURE: ABEL HARDING

CHAIRMAN

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLZENDORF, KEVIN
Address 12896 DUNES LAKE TERRACE
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name COLEY, ALEX
Address 6675 CORPORATE CENTER PARKWAY
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name BOCCUZZI, ANNE
Address 228 CANAL BLVD. SUITE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name CAREY, ANN
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name DYAL, NICHOLAS
Address 225 WATER STREET SUITE 1750
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GASPER, KEMAL
Address 76 SOUTH LAURA STREET 20TH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name JOSEPH, CHARLIE
Address 4800 DEERWOOD CAMPUS PKWY BLDG 100-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name RYAN-GONZALEZ, REBECCA
Address 6959-2 PHILLIPS PKWY DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name THOMPSON, PENNY
Address 655 W. 8TH STREET ADMIN
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name WILSON, LARRY
Address 1814 HENDRICKS AVENUE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name HYATER-ADAMS, YVETTE
Address 312 4TH STREET
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name BAKER, CLAUDIA
Address 9672 WEXFORD ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name BROWN, ELAINE
Address 228 CANAL BLVD. SUITE 4
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name CORNELIUS, JACKIE
Address 4103 CEDAR ROAD
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name FERRY, BILL
Address 4600 TOUCHTON ROAD EAST SUITE 200
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name HOUSEN, KARLIN
Address 9407 BRUNTSFIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name MCDONALD, TAYLOE
Address 2061 FORBES ST. #1
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SERWATKA, TOM
Address 1 UNIVERSITY DRIVE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name WILLIAMS, STEVE
Address 5300 SHAD ROAD
City-State-Zip: JACKSONVILLE FL 32257