2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727697

Entity Name: CULTURAL COUNCIL OF GREATER JACKSONVILLE, INC.

FILED Apr 19, 2025 **Secretary of State** 7905151930CC

Current Principal Place of Business:

40 EAST ADAMS ST.

STE 300

JACKSONVILLE, FL 32202

Current Mailing Address:

40 EAST ADAMS ST.

STE 300

JACKSONVILLE, FL 32202 US

FEI Number: 23-7347442 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONOVAN, DIANA 40 EAST ADAMS ST.

SUITE 300

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: DIANA DONOVAN 04/19/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, CHAIR Title DIRECTOR

Name JOHNSON, LISA Name FALISZEK, DAVID 1180 REGISTRY BLVD 3712 HEDRICK ST Address Address

ST AUGUSTINE FL 32092 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32205

DIRECTOR, IMMEDIATE PAST CHAIR Title DIRECTOR Title

LAZZARA, CHRISTOPHER Name JOLLY, AREZOU Name

Address 1705 WOODMERE DR. 5000 SAWGRASS VILLAGE CIRCLE Address

STE 3 City-State-Zip: JACKSONVILLE FL 32210

City-State-Zip: PONTE VEDRA BEACH FL 32082

Title **DIRECTOR** Title **EXECUTIVE DIRECTOR**

FEAGINS, KAREN Name DONOVAN, DIANA Name

Address **5011 GATE PARKWAY** 40 EAST ADAMS ST. Address **BLDG 200**

SUITE 300

JAKSONVILLE FL 32217 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32202

Title **DIRECTOR** Title DIRECTOR, VICE CHAIR

Name FREED, MICHAEL Name SNYDER, TIMOTHY

ONE INDEPENDENT DR. Address

Address 1130 MONTEREY ST. **SUITE 2300**

JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip:

Continues on page 2

SIGNATURE: DIANA DONOVAN

EXECUTIVE DIRECTOR

04/19/2025

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.

Officer/Director Detail Continued:

Title DIRECTOR, TREASURER

Name GREIVE, JOEY

Address 535 15TH AVENUE S

City-State-Zip: JACKSONVILLE BEACH FL 32233

Title DIRECTOR

Name HERNANDEZ, MONICA

Address 4651 SALISBURY RD

QUADRANT 1, SUITE 400

City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR

Name PELUSO, JIMMY HON.

Address 117 W. DUVAL ST.

SUITE 425

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name BROWNLEE, DARREN DR.

Address 11307 BARRIER BEACH PLACE

City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, LIAISON-DUVAL DELEGATION

Name NIXON, ANGIE

Address 3939 ROOSEVELT BLVD.

SUITE G-121

City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR

Name EAKINS, DARRIN

Address 6168 SANDLER CHASE TRAIL
City-State-Zip: JACKSONVILLE FL 32222

Title DIRECTOR

Name PICKETT, SUZANNE

Address 925 SPEARING STREET

City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR

Name SCHATZ, HEATHER

Address 117 W. DUVAL ST.

SUITE 400

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, SECRETARY

Name CRAIG, KEVIN

Address 355 AHERN ST.

City-State-Zip: ATLANTIC BEACH FL 32233