### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003277

Entity Name: JACKSONVILLE CIVIC COUNCIL, INC.

FILED
Apr 26, 2023
Secretary of State
1981244032CC

## **Current Principal Place of Business:**

31 WEST ADAMS STREET SUITE 204

JACKSONVILLE, FL 32202

# **Current Mailing Address:**

31 WEST ADAMS STREET SUITE 204 JACKSONVILLE, FL 32202 US

FEI Number: 59-3485919 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

MILLER, JEANNE M 31 WEST ADAMS STREET SUITE 204 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: JEANNE M. MILLER 04/26/2023

Electronic Signature of Registered Agent Date

Title

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name STOVER, CINDY Name BAKER, II, JOHN

Address 9715 GATE PARKWAY NORTH Address 200 WEST FORSYTH STREET, 7TH FLOOR

City-State-Zip: JACKSONVILLE FL 32246

City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN

Name MANN, ERIC Name BRIAN, EVANS D

Address 40 EAST ADAMS STREET, SUITE 210
Address 225 WATER STREET

City-State-Zip: JACKSONVILLE FL 32202 16TH FLOOR

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER

Name MILLER, JEANNE M Title DIRECTOR

Address 31 WEST ADAMS STREET Name SMITH, DARNELL

SUITE 204

City-State-Zip: JACKSONVILLE FL 32202

Address 4800 DEERWOOD CAMPUS PKWY.

City-State-Zip: JACKSONVILLE FL 32246

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 MILLER, DAVID
 Name
 BRYAN, J.F.

Address 6300 SAN JOSE BLVD Address ONE INDEPENDENT DRIVE

City-State-Zip: JACKSONVILLE FL 32217 SUITE 3201

City-State-Zip: JACKSONVILLE FL 32202

DIRECTOR

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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: JEANNE MILLER OFFICER 04/26/2023

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FRANKLIN, FRED Name SANTARONE, MICHAEL

1301 RIVERPLACE BLVD 2900 HARTLEY ROAD Address Address #1500

JACKSONVILLE FL 32257 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32207

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

Name KURAISHI, MARI Address 10748 DEERWOOD PARK BLVD. S.

Name

SWEENEY, DAVID

Address 40 EAST ADAMS STREET City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32202