

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001104

**Entity Name:** JACKSONVILLE SYMPHONY FOUNDATION, INC.

**Current Principal Place of Business:**

300 W. WATER STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

300 W. WATER STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**FEI Number:** 20-5180812

**Certificate of Status Desired:** No

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 N. A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 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 PRES  
Name GOMEZ, MARGARET  
Address 300 W. WATER STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name KARPEN, PETER  
Address 300 W. WATER STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name STRICKLAND, DAVID  
Address 300 WATER STREET  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BERG, GILCHRIST  
Address 300 W. WATER STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name DOERR, CHRIS  
Address 300 W. WATER STREET, SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

*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:** MARGARET GOMEZ

**PRESIDENT**

**04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date