2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2020
Secretary of State
2144465205CC

DOCUMENT# 704444

Entity Name: CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

4250 LAKESIDE DR
SUITE 300
JACKSONVILLE, FL 32210

Current Mailing Address:

4250 LAKESIDE DR
SUITE 300
JACKSONVILLE, FL 32210 US

FEI Number: 59-6161532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	VC
Name	BERG, REBECCA	Name	MOOREHEAD, DEAN KATE
Address	4250 LAKESIDE DR. SUITE 300	Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210
Title	SECRETARY	Title	DIRECTOR
Name	CORSE, JOHN D	Name	RUTLAND, ALFRED W
Address	4250 LAKESIDE DR SUITE 300	Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210
Title	DIRECTOR	Title	CEO
Name	WILBURN, SHARON T	Name	BARTON, TERESA K
Address	4250 LAKESIDE DR SUITE 300	Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210
Title	DIRECTOR	Title	DIRECTOR
Name	WEATHERBY, MICHAEL R	Name	HARMON, ANDREW
Address	4250 LAKESIDE DR SUITE 300	Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

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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: LEE E. WILSON CFO 01/20/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GILBERTO, PASQUALE
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	REDMON, GREGORY
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	GEORGE, WHITNEY DR
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	JOHNSON, GRADY E DR
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	CFO
Name	WILSON, LEE E
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	BURRELL, THOMAS S
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	DUNNAVANT, SANDRA
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210