

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708864

Entity Name: PINE CASTLE, INC.**Current Principal Place of Business:**4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207**Current Mailing Address:**4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207 US**FEI Number:** 59-0704733**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITTINGTON, LORI ANN
4911 SPRING PARK ROAD
JACKSONVILLE, FL 32207 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:** LORI ANN WHITTINGTON

03/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name WHITTINGTON, LORI ANN
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT, CHAIR
Name RUTH, AMY
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name JONES, RYAN
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name LEY, SARA
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title IMMEDIATE PAST CHAIR
Name HOUPERT, SARAH
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title VC
Name ANDERSON, TIM
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title CFO
Name JENKINS, LISA DE STEIGUER
Address 4911 SPRING PARK ROAD
City-State-Zip: JACKSONVILLE FL 32207

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: LISA D JENKINS

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date