2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722946

Entity Name: FLORIDA STATE COLLEGE AT JACKSONVILLE FOUNDATION,

INC.

FILED Feb 12, 2024 Secretary of State 3534594767CC

Current Principal Place of Business:

501 WEST STATE STREET

SUITE 104

JACKSONVILLE, FL 32202

Current Mailing Address:

501 WEST STATE STREET SUITE 104 JACKSONVILLE, FL 32202 US

FEI Number: 23-7168438 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OFFICE OF THE GENERAL COUNSEL, FLORIDA STATE COLLEGE AT JACKSONVILLE **501 WEST STATE STREET** SUITF 403 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: ROMUALDO C MARQUINEZ 02/12/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title CHAIR

Name MALL, JEFF Name BRENT, LISTER

Address **501 W STATE STREET** Address **501 WEST STATE STREET**

> SUITE 104 SUITE 104

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

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

LAMBERT, CHRISTOPHER BERENBERG, DANNY Name Name

501 W STATE STREET 501 WEST STATE STREET Address Address

SUITE 104 SUITE 104

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

Title 1ST VICE CHAIR

Name HENDRIX-JENKINS, VALERIE Address

501 WEST STATE STREET

SUITE 104

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: CHRISTOPHER LAMBERT

EXECUTIVE DIRECTOR

02/12/2024