

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722946

FILED
Apr 15, 2019
Secretary of State
4768208911CC**Entity Name:** FLORIDA STATE COLLEGE AT JACKSONVILLE FOUNDATION, INC.**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
SUITE 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:** COLIN MAILLOUX

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIR
Name	BARRETT, MARTHA E
Address	501 W STATE STREET SUITE 104
City-State-Zip:	JACKSONVILLE FL 32202

Title	1ST VICE CHAIR
Name	MONTEIRO-TRIBBLE, VELMA
Address	501 W STATE STREET SUITE 104
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	STUDSTILL, WILSON
Address	501 WEST STATE STREET SUITE 104
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	COOK, ROBERT P
Address	501 W STATE STREET SUITE 104
City-State-Zip:	JACKSONVILLE FL 32202

Title	EXECUTIVE DIRECTOR
Name	WARREN, CLEVE
Address	501 W 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: CLEVE WARREN**EXECUTIVE DIRECTOR**

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date