2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752137

Entity Name: JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC.

FILED Jul 31, 2024 **Secretary of State** 8957508906CC

Current Principal Place of Business:

10939 ATLANTIC BLVD JACKSONVILLE, FL 32225

Current Mailing Address:

P.O. BOX 16772

JACKSONVILLE, FL 32245 US

FEI Number: 23-7294217 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSONVILLE FL 32245

TOMAN, NANCY EXECUTIVE DIRECTOR 10939 ATLANTIC BLVD. JACKSONVILLE, FL 32225 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: NANCY TOMAN 07/31/2024

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

Officer/Director Detail:

City-State-Zip:

IMMEDIATE PAST PRESIDENT Title Title **PRESIDENT** DORAN, RICK Name Name ASSIMENIOS, TELIS 10939 ATLANTIC BLVD Address P.O. BOX 16772 Address

City-State-Zip: JACKSONVILLE FL 32245 JACKSONVILLE FL 32225 City-State-Zip:

Title **TREASURER** Title VΡ Name LYNCH, WILLIAM Name LYNCH, JACKIE Address P.O. BOX 16772 Address P.O. BOX 16772

JACKSONVILLE FL 32245 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32245

EXECUTIVE DIRECTOR Title Title **SECRETARY**

Name TOMAN, NANCY Name O.STEEN. TOM Address P.O. BOX 16772

P.O. BOX 16772 Address JACKSONVILLE FL 32245

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.

07/31/2024 SIGNATURE: NANCY TOMAN EXECUTIVE DIRECTOR