

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758352

Entity Name: SIX THOUSAND ASSOCIATION, INC.**Current Principal Place of Business:**6000 SAN JOSE BLVD.
OFFICE
JACKSONVILLE, FL 32217**Current Mailing Address:**6000 SAN JOSE BLVD.
OFFICE
JACKSONVILLE, FL 32217 US**FEI Number:** 59-2112696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, DEBRA ANN
6000 SAN JOSE BLVD.
OFFICE
JACKSONVILLE, FL 32217 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:** DEBRA COLLINS

01/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER, DIRECTOR
Name LAWHORN, ROBIN
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR, SECRETARY
Name RODON, BARBARA
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR, VP
Name MCLEAR, WILLIAM
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name WHITMILL, JANET
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name BONE, MICHAEL
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name SEKINE, KENNETH
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name WASHINGTON, REGINALD
Address 6000 SAN JOSE BLVD.
 OFFICE
City-State-Zip: JACKSONVILLE FL 32217

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: ROBIN LAWHORN

PRESIDENT

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date