

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761954

**Entity Name:** HISTORIC STANTON, INC.

**Current Principal Place of Business:**

521 WEST ASHLEY STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

P O BOX 43673  
JACKSONVILLE, FL 32203 US

**FEI Number:** 59-2230026

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

TROUTMAN, ANDREA  
117 MALLARD LANE  
JACKSONVILLE, FL 32218 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:** ANDREA TROUTMAN

04/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name MITCHELL, ROBERT L PH.D.  
Address 2787 PERCY ROAD  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name MCINTOSH, CHARLES B. M.D.  
Address 4063 RIBAUTL RIVER LANE  
City-State-Zip: JACKSONVILLE FL 32208

Title TRUSTEE  
Name RUTH, JAMES A. ESQ.  
Address 501 WEST ADAMS STREET  
DUVAL COUNTY COURTHOUSE SUITE  
7159  
City-State-Zip: JACKSONVILLE FL 32202

Title TRUSTEE  
Name POLITE, LEROY R. D.D.S.  
Address 1650 DUNN AVENUE  
SUITE 6  
City-State-Zip: JACKSONVILLE FL 32218

Title BOARD CHAIR  
Name TROUTMAN, ANDREA  
Address 11759 MALLARD LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY  
Name WAINWRIGHT, JOLITA DORSETT  
Address 5353 ARLINGTON EXPRESSWAY #12  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name SIFAKIS, ALEXANDER  
Address 7563 PHILLIPS HIGHWAY, SUITE 208  
City-State-Zip: JACKSONVILLE FL 32256

Title TRUSTEE  
Name DAY, RAMON L  
Address 154 FORESTVIEW LANE  
City-State-Zip: PONTE VEDRA FL 32081

*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:** CHARLES B. MCINTOSH

TREASURER

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date