

2020 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:**521 WEST ASHLEY STREET
JACKSONVILLE, FL 32202 US**FEI Number:** 59-2230026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, MAMIE L. ESQ.
1751 UNIVERSITY BLVD S. STE C
JACKSONVILLE, FL 32216 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:**_____
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 CHAIRMAN
Name MCINTOSH, C.B. M.D.
Address 4063 RIBAUT RIVER LANE
City-State-Zip: JACKSONVILLE FL 32208

Title TRUSTEE
Name MCLENDON-WILLIAMS, PRISCILLA MRS.
Address 2421 ST. LEDGER DRIVE
City-State-Zip: JACKSONVILLE FL 32209

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 VC, SECRETARY
Name TROUTMAN, ANDREA
Address 11759 MALLARD LANE
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER
Name DAVIS, MAMIE L. ESQ., CPA
Address 1751 UNIVERSITY BLVD S. STE C
City-State-Zip: JACKSONVILLE FL 32216

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: MAMIE L DAVIS**TREASURER****04/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date