

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761954

Entity Name: HISTORIC STANTON, INC.**Current Principal Place of Business:**2787 PERCY ROAD
JACKSONVILLE, FL 32218**Current Mailing Address:**2787 PERCY ROAD
JACKSONVILLE, FL 32218**FEI Number:** 59-2230026**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MITCHELL, ROBERT L
2787 PERCY ROAD
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title SECRETARY
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 CHIEF OPERATING
OFFICER/TREASURER
Name MCINTOSH, C.B. M.D.
Address 4063 RIBAUT RIVER LANE
City-State-Zip: JACKSONVILLE FL 32208

Title TRUSTEE
Name RASBERRY, WALLACE REV.
Address 5603 BREE RD.
City-State-Zip: JACKSONVILLE FL 32209

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

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: ROBERT L. MITCHELL

CHAIRMAN

04/27/2016

Electronic Signature of Signing Officer/Director Detail_____
Date