**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 17, 2025**
**Secretary of State**
**2679477692CC**

DOCUMENT# N01000000513

**Entity Name:** NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 US

**FEI Number: 59-3700428**

**Certificate of Status Desired:** No

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

LOCKHART, DAWN
40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 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: DAWN LOCKHART 03/17/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CEO |
| Name | LOCKHART, DAWN |
| Address | 40 EAST ADAMS STREET<br>SUITE 100 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | INMAN, D SAM |
| Address | 637 N LEE STREET |
| City-State-Zip: | JACKSONVILLE FL 32204 |

| | |
|---|---|
| Title | TREASURER |
| Name | MORRIS, TYLER |
| Address | 2709 ART MUSEUM DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | VC |
| Name | MCGRIFF, TAMMI |
| Address | 40 EAST ADAMS STREET<br>SUITE 100 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | OFFICER |
| Name | JOHNSON, LISA V |
| Address | 40 EAST ADAMS STREET<br>SUITE 100 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | OFFICER |
| Name | DUNN, AJANI |
| Address | 4500 SAN PABLO ROAD |
| City-State-Zip: | JACKSONVILLE FL 32224 |

| | |
|---|---|
| Title | OFFICER |
| Name | ALLEN, KIMBERLY DR. |
| Address | 40 EAST ADAMS STREET<br>SUITE 100 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | OFFICER |
| Name | STALLINGS, PAUL |
| Address | 40 EAST ADAMS STREET<br>SUITE 100 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

**Continues on page 2**

*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: DAWN LOCKHART CEO 03/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

Title SECRETARY
Name JACKSON, ROBERT
Address 40 EAST ADAMS STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name RYAN, JENNIFER
Address 3728 PHILIPS HWY
SUITE 34
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name BENNETT, DANE
Address 800 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name HODGES, LAWSIKIA
Address 50 N. LAURA STREET
SUITE 2600
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name SARNOWSKI, EDDIE
Address 40 EAST ADAMS STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name SHAW, KATHLEEN
Address 1721 ATLANTIC BOULEVARD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name BAKEWELL, KATIE
Address 9000 SOUTHSIDE BLVD
BUILDING 700 SUITE 7201
City-State-Zip: JACKSONVILLE FL 32256