# 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000000513

Entity Name: NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

FILED
Dec 19, 2023
Secretary of State
6149001004CC

#### **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 12/19/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title CEO Title CHAIRMAN

Name LOCKHART, DAWN Name JOHNSON, LISA V

Address 40 EAST ADAMS STREET Address 40 EAST ADAMS STREET

SUITE 100 SUITE 100

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title VC Title OFFICER

Name INMAN, D SAM Name DUNN, AJANI

Address 637 N LEE STREET Address 4500 SAN PABLO ROAD

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY Title OFFICER

Name FINCHER, HEATHER Name HICKS, DENO

Address ONE INDEPENDENT DRIVE Address 13245 ATLANTIC BOULEVARD

10TH FLOOR SUITE 4-555

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER Title OFFICER

NameMORRIS, TYLERNameALLEN, KIMBERLY DR.Address2709 ART MUSEUM DRIVEAddress40 EAST ADAMS STREET

daress 2709 ART MOSEUM DRIVE Address 40 EAST ADAMS STREET

30112 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 12/19/2023

JACKSONVILLE FL 32207

# Officer/Director Detail Continued:

Title OFFICER

Name MCGRIFF, TAMMI

Address 40 EAST ADAMS STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER

Name JACKSON, ROBERT

Address 40 EAST ADAMS STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER

Name HOANG, WILLIAM

Address 40 EAST ADAMS STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER

Name STALLINGS, PAUL

Address 40 EAST ADAMS STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER

Name SARNOWSKI, EDDIE

Address 40 EAST ADAMS STREET

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202