

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007789

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC4119443930**

**Entity Name:** 960 NORTH MARKET STREET, INC.

**Current Principal Place of Business:**

960 N MARKET ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

965 HUBBARD ST  
JACKSONVILLE, FL 32206

**FEI Number:** 51-0431516

**Certificate of Status Desired:** Yes

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

TRENT, MICHAEL P  
965 HUBBARD ST  
JACKSONVILLE, FL 32206 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 P  
Name TRENT, MICHAEL P  
Address 7372 WENDING CT S  
City-State-Zip: JACKSONVILLE FL 32244

Title S  
Name KRAHN, JAMES A  
Address 8605 BRIERWOOD RD  
City-State-Zip: JACKSONVILLE FL 32217-4812

Title T  
Name COLBERT, JULIAN B  
Address 2711 ALGONQUIN AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title VP  
Name VANDIVER, ALBERT C  
Address 3361 SARA DR  
City-State-Zip: JACKSONVILLE FL 32277-2525

Title DIRECTOR  
Name STINCHCOMB, JOHN S  
Address 7394 WORTHINGTON RD  
City-State-Zip: JACKSONVILLE FL 32244-4843

*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: MICHAEL P TRENT**

**PRESIDENT**

**02/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date