

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008601

Entity Name: WEST JACKSONVILLE RESTORATION CENTER INC

Current Principal Place of Business:

8601 YOUNGERMAN CT
UNIT 9
JACKSONVILLE, FL 32244

Current Mailing Address:

8601 YOUNGERMAN CT
UNIT 9
JACKSONVILLE, FL 32244 US

FEI Number: 59-3536569

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, STANLEY M
8601 YOUNGERMAN CT
UNIT 9
JACKSONVILLE, FL 32244 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 WILLIAMS, STANLEY M
Address 471 MONTEREY PARKWAY
City-State-Zip: ORANGE PARK FL 32073

Title CEO
Name WILLIAMS, EUNICE D
Address 471 MONTEREY PARKWAY
City-State-Zip: ORANGE PARK FL 32073

Title SECREATARY
Name GILL, CAMIELLE J
Address 664 GROVER LANE
City-State-Zip: ORANGE PARK FL 32065

Title OFFICER
Name GILL, CHAVIS T
Address 664 GROVER LANE
City-State-Zip: ORANGE PARK FL 32065

Title OFFICER
Name BUCHANAN, LAURA
Address 10935 ACORN PARK CT
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: EUNICE WILLIAMS

CEO

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date