I hereby certify that the information indicated on this report or supplemental report is true and a	ccurate and that my electronic signature shall have	e 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 e	execute this report as required by Chapter 617, Flo	orida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JOHN D ROOD	D	03/28/2024

Electronic Signature of Signing Officer/Director Detail

<u>2024</u>	FLORIDA	NOT FOR	<u>PROFIT (</u>	CORPORAT	ION ANNUAL	<u>. REPORT</u>

DOCUMENT# N0300005840

Entity Name: THE VESTCOR FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1649 ATLANTIC BLVD JACKSONVILLE, FL 32207

Current Mailing Address:

1649 ATLANTIC BLVD JACKSONVILLE, FL 32207 US

FEI Number: 65-1197315

Name and Address of Current Registered Agent:

VESTCOR, INC. 1649 ATLANTIC BLVD JACKSONVILLE, FL 32207 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: JOHN D. ROOD								
	Electronic Signature of Registered Agent			Date				
Officer/Director Detail :								
Title	DPST	Title	V					
Name	HOOVER, JENNIFER R.	Name	FLOYD, JASON O.					
Address	1649 ATLANTIC BLVD	Address	1649 ATLANTIC BLVD					
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207					
Title	DIRECTOR	Title	DIRECTOR					
Name	ROOD, JOHN D.	Name	HEPLER, HOLLY R.					
Address	1649 ATLANTIC BLVD	Address	1649 ATLANTIC BLVD					
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207					

Certificate of Status Desired: No

FILED Mar 28, 2024 Secretary of State 1915957808CC