The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor		
SIGNATURE: ANNE CANDY YARBROUGH		
Title	VP	
Name	GIBSON, JASON	
Address	1397 PINEGROVE CT	
City-State-Zip:	JACKSONVILLE FL 32205	
Title	PRESIDENT	
Name	PATE, EMILY	
Address	1986 CATTLE GAP LANE	
City-State-Zip:	FLEMING ISALAND FL 32003	
Title	DIRECTOR	
Name	THOMPSON, LAWRENCE	
Address	9645 MORGAN CREEK CT	
City-State-Zip:	JACKSONVILLE FL 32222	
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	

### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400007042

Entity Name: BEN'S PLACE SERVICES INC.

#### **Current Principal Place of Business:**

1751 LINDSEY RD JACKSONVILLE, FL 32221

#### **Current Mailing Address:**

4530-15 ST JOHN AVE UNIT 325 JACKSONVILLE, FL 32210 US

### FEI Number: 32-0122751

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

Title

Name

Address

City-State-Zip:

# 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.

Title

Name

Address

City-State-Zip:

TRUSTEE

GLISSON, CLAY

11767 PADDOCK GATES DR

JACKSONVILLE FL 32223

#### SIGNATURE: ANNE M. YARBROUGH

DIRECTOR

DAVIS, EBONY

11023 MANDARIN PRESERVE DRIVE

JACKSONVILLE FL 32257

03/04/2024 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 04, 2024 Secretary of State 8378516484CC

03/04/2024 Date

Certificate of Status Desired: Yes

Date