

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006869

**Entity Name:** SUPPORT COMMITTEE AT JACKSONVILLE NATIONAL CEMETERY, INC.**Current Principal Place of Business:**5620 LA MOYA AVE.  
JACKSONVILLE, FL 32210-5714**Current Mailing Address:**411 SUNBEAM RD  
PO BOX 57695  
JACKSONVILLE, FL 32241-7695 US**FEI Number: 80-0206668****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELCH, ALLAN P  
5620 LA MOYA AVE.  
JACKSONVILLE, FL 32210-5714 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:** ALLAN P. WELCH**03/07/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name DEL PIZZO, WIN  
Address 411 SUNBEAM RD  
PO BOX 57695  
City-State-Zip: JACKSONVILLE FL 32241-7695

Title PUBLIC INFORMATION OFFICER  
Name MULVIHILL, PADRAIC E  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

Title SERGEANT AT ARMS  
Name POSSERT, RICHARD  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

Title HISTORIAN  
Name CHURCH, KATHY  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

Title TREASURER  
Name WELCH, ALLAN PAT  
Address 5620 LA MOYA AVE.  
City-State-Zip: JACKSONVILLE FL 32210-5714

Title CHAPLAIN  
Name BOOTSMA, SHAWN  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

Title CHAIRMAN  
Name SMITH, MICHAEL W  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

Title VC  
Name DEL PIZZO, MICHAEL  
Address 4083 LANNIE ROAD  
City-State-Zip: JACKSONVILLE FL 32218-1247

**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:** ALLAN PATRICK WELCH**TREASURE****03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                            |
|-----------------|----------------------------|
| Title           | JUDGE ADVOCATE             |
| Name            | NOE, ANNA                  |
| Address         | 4083 LANNIE ROAD           |
| City-State-Zip: | JACKSONVILLE FL 32218-1247 |