

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006434

Entity Name: THE 1EIGHTY GROUP, INC.**Current Principal Place of Business:**9838 OLD BAYMEADOWS ROAD
#264
JACKSONVILLE, FL 32256**Current Mailing Address:**9838 OLD BAYMEADOWS ROAD
#264
JACKSONVILLE, FL 32256**FEI Number:** 80-0362744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, KIMBERLY B
9838 OLD BAYMEADOWS ROAD
#264
JACKSONVILLE, FL 32256 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 D
Name SMITH, DARREN
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256Title D
Name BROWN, WARREN
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256Title VP
Name MITCHELL, BADONNA
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256Title D
Name SMITH, KIMBERLY B
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256Title P
Name POOLE, STACEY
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256Title ST
Name SULLIVAN, RICKETA
Address 9838 OLD BAYMEADOWS ROAD, #264
City-State-Zip: JACKSONVILLE FL 32256

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: KIMBERLY SMITH**DIRECTOR****02/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date