

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008634

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC3460581022**

**Entity Name:** FIRST COAST WORKSITE WELLNESS COUNCIL, INC.

**Current Principal Place of Business:**

900 UNIVERSITY BLVD NORTH  
SUITE 205  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

900 UNIVERSITY BLVD NORTH  
SUITE 205  
JACKSONVILLE, FL 32211 US

**FEI Number:** 27-0974577

**Certificate of Status Desired:** No

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

STRIMPLE, MAGEN LYNN  
900 UNIVERSITY BLVD NORTH  
SUITE 205  
JACKSONVILLE, FL 32211 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:** MAGEN STRIMPLE

03/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name BELL , BRITNEE  
Address 157 TOLLERTON AVENUE  
City-State-Zip: SAINT JOHNS FL 32259

Title VC  
Name STRIMPLE , MAGEN  
Address 101 HUMPHREYS WAY  
City-State-Zip: SAINT MARYS GA 31558

Title CFO  
Name BUBB, MITCH  
Address 12724 GRAN BAY PARKWAY  
SUITE 150  
City-State-Zip: JACKSONVILLE FL 32258

Title SEC  
Name STEIN , JENNIFER  
Address 141 MARYS CT  
City-State-Zip: ST MARY GA 31558

*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:** MAGEN STRIMPLE

VICE CHAIR

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date