FEI Number: 27-0974577 Certificate of Status Desired: No Name and Address of Current Registered Agent: BRUCE, CASSIE BRUCE, CASSIE 4720 SALISBURY ROAD 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	CASSIE BRUCE		02/25/2024	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	C	Title	VC	
Name	BRUCE, CASSIE	Name	MCELREATH, RACHEL	
Address	2055 N CRANBROOK AVE	Address	165 NORTH LAKE CUNNINGHAM AVE	
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	ST JOHNS FL 32259	
Title	CFO	Title	Р	
Name	DOWELL, REESE	Name	MCKIMM, CARLY	
Address	311 MAJESTIC EAGLE DRIVE	Address	4720 SALISBURY ROAD	
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:		
Title	D	Title	D	
Name	BERRY, EBONY	Name	GONNELLA, GINA	
Address	4720 SALISBURY ROAD	Address	4720 SALISBURY ROAD	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:		
Title	т	Title	S	
Name	NOLES, JAY	Name	S FALK, SARA	
Address	4720 SALISBURY ROAD	Address 4720 SALISBURY ROAD		
City-State-Zip:	JACKSONVILLE FL 32256	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

Current Principal Place of Business:

DOCUMENT# N0900008634

4720 SALISBURY ROAD JACKSONVILLE, FL 32256

Current Mailing Address:

4720 SALISBURY ROAD JACKSONVILLE, FL 32256 US

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FIRST COAST WORKSITE WELLNESS COUNCIL, INC.

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: JAY NOLES

TREASURER

Continues on page 2

02/25/2024

FILED Feb 25, 2024 **Secretary of State** 5421641162CC

Date

Officer/Director Detail Continued :

Title	VP
Name	KENNEDY, JAIME
Address	4720 SALISBURY ROAD
City-State-Zip:	JACKSONVILLE FL 32256