

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008634

**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:**

PO BOX 551457  
JACKSONVILLE, FL 32255 US

**FEI Number:** 27-0974577

**Certificate of Status Desired:** Yes

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

BELL, BRITNEE LYN  
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:** BRITNEE BELL

01/19/2018

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 GAY, KATHRYN  
Address 12460 SHADY CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32223

Title CFO  
Name DOWELL, REESE  
Address 311 MAJESTIC EAGLE DRIVE  
City-State-Zip: PONTE VEDRA FL 32081

*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:** REESE DOWELL

CFO

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date