

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011699

**Entity Name:** JONES FAMILY CHARITIES, INC.

**Current Principal Place of Business:**

450 ANDREWS DR  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 520154  
LONGWOOD, FL 32752 US

**FEI Number:** 27-1443518

**Certificate of Status Desired:** No

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

JONES, ANDREW  
450 ANDREWS DR  
LONGWOOD, FL 32750 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:** ANDREW JONES

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name JONES, JOHN E. ESQ.  
Address P.O. BOX 520154  
City-State-Zip: LONGWOOD FL 32752

Title V  
Name JONES, ANDREW JOHN  
Address P.O. BOX 520154  
City-State-Zip: LONGWOOD FL 32752

Title DIRECTOR  
Name BUSTRAAN, JAMES  
Address P.O. BOX 520154  
City-State-Zip: LONGWOOD FL 32752

Title TREASURER  
Name ADAMS, ALISA  
Address PO BOB 520154  
City-State-Zip: LONGWOOD FL 32752

*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:** ANDREW JONES

VP

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date