

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10564

Entity Name: SHANDS JACKSONVILLE FOUNDATION, INC.**Current Principal Place of Business:**655 WEST 8TH STREET
JACKSONVILLE, FL 32209**Current Mailing Address:**655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US**FEI Number:** 59-2622323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEBARDELEBEN, JON ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 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:** JON DEBARDELEBEN

04/11/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	DEBARDELEBEN, JON ESQ.
Address	655 WEST 8TH STEET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR, CHAIRMAN
Name	ARMISTEAD, RUSSELL E.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR, PRESIDENT
Name	MILLER, GREG
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR, TREASURER
Name	COCCHI, DEAN
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

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: JON DEBARDELEBEN, ESQ.

SECRETARY

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date