

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001074

Entity Name: KHMER JACKSONVILLE ORGANIZATION, INC.**Current Principal Place of Business:**13052 SIR ROGERS CT S
JACKSONVILLE, FL 32224**Current Mailing Address:**13052 SIR ROGERS CT S
JACKSONVILLE, FL 32224 US**FEI Number: 46-2888341****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SREY, BONNA N
13052 SIR ROGERS CT S
JACKSONVILLE, FL 32224 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LAM, SAMOL
Address	2731 SPRING PARK RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	SECR
Name	CHINN, MYRA
Address	2953 LAKESIDE VILLA RD
City-State-Zip:	ORANGE PARK FL 32073

Title	TREA
Name	LAM, MICHELE
Address	2731 SPRING PARK RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	SREY, RAMING
Address	13052 SIR ROGERS CT S
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREA
Name	SREY, BONNA N
Address	13052 SIR ROGERS CT S
City-State-Zip:	JACKSONVILLE FL 32224

Title	ADVI
Name	CHINN, JASON
Address	2953 LAKESIDE VILLA RD
City-State-Zip:	ORANGE PARK FL 32073

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: BONNA SREY**TREASURER****02/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date