

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

DOCUMENT# N15000001700

**Entity Name:** JAXCARES FOUNDATION, INC.**Current Principal Place of Business:**820 A1A NORTH. SUITE W4  
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**820 A1A NORTH. SUITE W4  
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 47-3169716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, M. SCOTT  
50 N LAURA ST  
STE 3000  
JACKSONVILLE, FL 32202 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:** M. SCOTT THOMAS

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	LOWERY, MARK
Address	707 SPINNAKERS REACH DR
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	ALBRIGHT, JAMES
Address	820 A1A NORTH. SUITE W4
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	LOWERY, THOMAS
Address	820 A1A NORTH. SUITE W4
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR, SECRETARY, TREASURER
Name	LOWERY, SAMANTHA
Address	707 SPINNAKERS REACH DR
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	ALBRIGHT, PATRICIA
Address	820 A1A NORTH. SUITE W4
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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:** MARK LOWERY

DIRECTOR, PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date