

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002513

Entity Name: TIMUCUAN LONGHOUSE OF JACKSONVILLE, INC.

Current Principal Place of Business:

450 STATE ROAD 13 NORTH
SUITE 106, PMB 401
SAINT JOHNS, FL 32259-3863

Current Mailing Address:

450 STATE ROAD 13 NORTH
SUITE 106, PMB 401
SAINT JOHNS, FL , FL 32259-3863 US

FEI Number: 47-3383638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PILLIA, MICHAEL
450 STATE ROAD 13 NORTH
SUITE 106, PMB 401
SAINT JOHNS, FL 32259-3863 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: MICHAEL PILLIA

04/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER (WAMPUM BEARER)
Name PILLA, MICHAEL
Address 450 STATE ROAD 13 NORTH
 SUITE 106, PMB 401
City-State-Zip: SAINT JOHNS FL 32259-3863

Title PRESIDENT (FEDERATION CHIEF)
Name MANKIN, JARRETT
Address 450 STATE ROAD 13 NORTH
 SUITE 106, PMB 401
City-State-Zip: SAINT JOHNS FL 32259-3863

Title VICE PRESIDENT (MEDICINE MAN)
Name ALBERRE, CHRIS
Address 450 STATE ROAD 13 NORTH
 SUITE 106, PMB 401
City-State-Zip: ST JOHNS FL 32259

Title SECRETARY (TALLY KEEPER)
Name THOMAS, SONNY
Address 450 STATE ROAD 13 NORTH
 SUITE 106, PMB 401
City-State-Zip: ST JOHNS FL 32259

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: MICHAEL PILLA

TREASURER

04/10/2025

Electronic Signature of Signing Officer/Director Detail

Date