

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003552

**FILED  
Mar 30, 2019  
Secretary of State  
8895820390CC**

**Entity Name:** WALK-OFF CHARITIES OF JAX, INC.

**Current Principal Place of Business:**

12620-3 BEACH BLVD.  
SUITE 325  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12620-3 BEACH BLVD.  
SUITE 325  
JACKSONVILLE, FL 32246 US

**FEI Number:** 82-1119696

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 FRANGIE, FRANK  
Address 12620-3 BEACH BLVD., SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

Title SEC  
Name WILSON, SCOTT  
Address 12620-3 BEACH BLVD., SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

Title TREA  
Name SILVER, SHANE H DR.  
Address 12620-3 BEACH BLVD., SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

Title EXECUTIVE DIRECTOR  
Name LAMP, JOEL  
Address 12620-3 BEACH BLVD.  
SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

Title CFO  
Name REAGOR, JANET  
Address 12620-3 BEACH BLVD.  
SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name TALLEY, TAMMIE  
Address 12620-3 BEACH BLVD.  
SUITE 325  
City-State-Zip: JACKSONVILLE FL 32246

*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:** JANET REAGOR

CFO

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date