

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

DOCUMENT# N17000007384

**Entity Name:** I60, INC.**Current Principal Place of Business:**12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226**Current Mailing Address:**12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226**FEI Number:** 82-2030005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAHILL, CHRISTOPHER  
12659 PINE MARSH WAY  
JACKSONVILLE, FL 32226 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	D/P
Name	CAHILL, CHRISTOPHER
Address	12659 PINE MARSH WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	D
Name	CAHILL, ALEXIEA
Address	12659 PINE MARSH WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	D
Name	MATTHEWS, JAMES
Address	3220 NEW BERLIN RD.
City-State-Zip:	JACKSONVILLE FL 32226

Title	D/S
Name	LEFAIVRE, CHEYENNE
Address	12659 PINE MARSH WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	VP/T
Name	CAHILL, ALEXIEA
Address	12659 PINE MARSH WAY
City-State-Zip:	JACKSONVILLE FL 32226

Title	D
Name	NORMAN, SARA
Address	442 WYE DR.
City-State-Zip:	ABERDEEN MD 21001

*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:** CHRISTOPHER ROBERT CAHILL**D/P****03/28/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date