

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

DOCUMENT# N17000008847

**Entity Name:** 904WARD, INC.**Current Principal Place of Business:**40 EAST ADAMS STREET  
LL50  
JACKSONVILLE, FL 32202**Current Mailing Address:**40 EAST ADAMS STREET  
LL50  
JACKSONVILLE, FL 32202 US**FEI Number:** 82-2604507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FT CORPORATE SERVICES, LLC  
35 EAST ADAMS STREET  
LL50  
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:** BRITTANY A. COOK-MARSH

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D & P  
Name SHERMAN, LYNN  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name CONNER, DEIRDRE  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name CSAR, TREY  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D & S  
Name BURTON, JAMETORIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D & S  
Name MCGRIFF, TAMMI  
Address 501 RIVERSIDE AVENUE  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name GRIGGS, PATRICK  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D & VP  
Name MARTELO, MAIRA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name JAMISON, DAVID  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

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*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:** LYNN SHERMAN

D &amp; P

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name GILBERT, AYSIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D & T  
Name SOMERS, ALICIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name PATZ, MELANIE  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202