

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

DOCUMENT# N18000001405

**Entity Name:** JACKSONVILLE GRANITE CURLING CLUB, INC.**Current Principal Place of Business:**437 UPPER 36TH AVE SOUTH  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**437 UPPER 36TH AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250 US**FEI Number: 82-4353944****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CONNALLY, MICHAEL J  
5742 LONG BRANCH CEMETERY RD  
JACKSONVILLE, FL 32234 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 J CONNALLY****01/23/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DAMON, BRIAN
Address	437 UPPER 36TH AVE SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	TREASURER
Name	GHERRITY, PATRICK A.
Address	5078 CAMILLE AVE.
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	KERSEY, DEBRA
Address	4206 SIERRA MADRE DR. S.
City-State-Zip:	JACKSONVILLE FL 32217

Title	DIRECTOR
Name	THURMAN, TIM
Address	7742 ORTEGA BLUFF PARKWAY
City-State-Zip:	JACKSONVILLE FL 32244

Title	OFFICER
Name	MERRITT, THOMAS
Address	2109 GROTTO CT
City-State-Zip:	MIDDLEBURG FL 32068

Title	OFFICER
Name	C ONNALLY, MICHAEL JACOB
Address	5742 LONG BRANCH CEMETERY RD
City-State-Zip:	JACKSONVILLE FL 32234

*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 CONNALLY****OFFICER****01/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date