

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010745

Entity Name: J.Y.D. INC.**Current Principal Place of Business:**2516 COLLEGE ST
JACKSONVILLE, FL 32204**Current Mailing Address:**2516 COLLEGE ST
JACKSONVILLE, FL 32204 US**FEI Number:** 83-2185433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GABRIEL, KEITH
100 MAGNOLIA ST
APT 5107
JACKSONVILLE, FL 32204 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:** KEITH J GABRIEL

03/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	GABRIEL, KEITH
Address	100 MAGNOLIA ST APT 5107
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP, DIRECTOR
Name	LEEDS, MILLICENT
Address	2336 HERSCHEL ST APT 1
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	CROSS, JUSTIN
Address	4653 RAMONA BLVD
City-State-Zip:	JACKSONVILLE FL 32205

Title	DIRECTOR
Name	PARKINSON, LINA E
Address	2516 COLLEGE ST
City-State-Zip:	JACKSONVILLE FL 32204

Title	TREASURER, DIRECTOR
Name	FOLTZ, JADAH
Address	12821 COOL WATER WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY, DIRECTOR
Name	GUERRERO, JACOB
Address	5512 DOVER CREST LN
City-State-Zip:	JACKSONVILLE FL 32258

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: KEITH GABRIEL

PRESIDENT

03/20/2022

Electronic Signature of Signing Officer/Director Detail

Date