

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010918

Entity Name: ELEVATE JACKSONVILLE INC

Current Principal Place of Business:

12212 DIVIDING OAKS TRAIL WEST
JACKSONVILLE, FL 32223

Current Mailing Address:

PO BOX 551052
JACKSONVILLE, FL 32255 US

FEI Number: 83-2347040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEYMANN, JON
12212 DIVIDING OAKS TRAIL WEST
JACKSONVILLE, FL 32223 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 ED
Name HEYMANN, JON
Address 12212 DIVIDING OAKS TRAIL WEST
City-State-Zip: JACKSONVILLE FL 32223

Title DIR, CHAIRMAN
Name ALLCORN, FRANK W
Address 4287 VENETIA BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title DIR
Name PEARCE, FRANK
Address 9471 BAYMEADOWS RD, SUITE 307
City-State-Zip: JACKSONVILLE FL 32256

Title DIR, SECRETARY
Name GOLDSMITH, BENJAMIN F
Address 5172 SPRING GLEN RD
City-State-Zip: JACKSONVILLE FL 32207

Title DIR, VC
Name NEWTON, WILLIAM
Address 3915 ORTEGA BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name BROWN, BENNETT
Address 8759 HARPERS GLEN CT
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CAPLIN, RICKY
Address 1210 JOURNEYS END LANE
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name COLEMAN, PATRICK
Address 4834 ALGONQUIN AVE
City-State-Zip: JACKSONVILLE FL 32210

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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: JON HEYMANN

DR. DEV & OPPS.

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COLEMAN, SAMUEL
Address 5661 FT SUMTER RD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name GUNNLAUGSSON, DEBORAH
Address 4774 APACHE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name NEWTON, KARLA
Address 3915 ORETGA BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR, TREASURER
Name TRAER, BILL
Address 8825 GOODBY'S EXEC DR STE B
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name FREEMAN, JOHN
Address 4626 PRINCESS ANNE LN
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name GUNNLAUGSSON, PETER J
Address 4774 APACHE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name TRAER, ANN
Address 8825 GOODBY'S EXEC DR STE B
City-State-Zip: JACKSONVILLE FL 32216