

**2020 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: Yes**

**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**

**EXECUTIVE DIRECTOR**

**02/19/2020**

\_\_\_\_\_  
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