2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010918

Entity Name: ELEVATE JACKSONVILLE INC

FILED Mar 07, 2024 **Secretary of State** 3476177818CC

Current Principal Place of Business:

4940 EMERSON STREET

104

JACKSONVILLE, FL 32207

Current Mailing Address:

4940 EMERSON ST

104

JACKSONVILLE, FL 32207 US

FEI Number: 83-2347040 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAREFOOT ACCOUNTING PA 3832-010 BAYMEADOWS WAY 352

JACKSONVILLE, FL 32207 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: JO HAGAN 03/07/2024

> Date Electronic Signature of Registered Agent

> > Title

Title

Name

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

DIR, VC

DIRECTOR

FREEMAN, JOHN

ADDISON, JUDITH

NEWTON, WILLIAM

3915 ORTEGA BLVD

JACKSONVILLE FL 32210

4626 PRINCESS ANNE LN

JACKSONVILLE FL 32210

OTHER, BOARD MEMBER

4940 EMERSON STREET

Officer/Director Detail:

Title EXECUTIVE DIRECTOR Title DIR. CHAIRMAN Name AUSTIN, CARLA Name ALLCORN, FRANK W 4940 EMERSON STREET 4287 VENETIA BLVD Address Address City-State-Zip: JACKSONVILLE FL 32210

City-State-Zip: JACKSONVILLE FL 32207

Title DIR, SECRETARY

Name GOLDSMITH, BENJAMIN F Address 5172 SPRING GLEN RD

City-State-Zip: JACKSONVILLE FL 32207

Title **DIRECTOR**

COLEMAN, PATRICK Name 4834 ALGONQUIN AVE Address

City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR, TREASURER

TRAER, BILL Name

8825 GOODBY'S EXEC DR STE B Address

Title

Address

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32216

Continues on page 2

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: LYNDSAY COKER

ADMINISTRATIVE/MARKE

03/07/2024

TING ASSISTANT

Officer/Director Detail Continued:

Title OTHER, BOARD MEMBER

Name BAST, DAVID

Address 4940 EMERSON STREET

104

City-State-Zip: JACKSONVILLE FL 32207

Title OTHER, BOARD MEMBER

Name GATEWOOD, HAL

Address 4940 EMERSON STREET

104

City-State-Zip: JACKSONVILLE FL 32207

Title OTHER, BOARD MEMBER

Name BURTON, GREGORY

Address 4940 EMERSON STREET

104

City-State-Zip: JACKSONVILLE FL 32207

Title OTHER, BOARD MEMBER

Name CHATMAN, LEONARD

Address 4940 EMERSON STREET

104

City-State-Zip: JACKSONVILLE FL 32207

Title OTHER, BOARD MEMBER

Name BROHINSKY, ISAAC

Address 4940 EMERSON STREET

104

City-State-Zip: JACKSONVILLE FL 32207