

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009239

**Entity Name:** AFSCME L3613 CORPORATION

**Current Principal Place of Business:**

5208 N PEARL STREET  
#10  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5208 N PEARL STREET  
#10  
JACKSONVILLE, FL 32205 US

**FEI Number:** 83-3746720

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRADFORD, ANTHONY  
14373 GARDEN GATE DRIVE  
JACKSONVILLE, FL 32258 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            PRES  
Name            ISOM, SHIRLEY  
Address        5208 N PEARL STREET #10  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            BUTLER, DARRYL  
Address        5208 N PEARL STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title            TRUS  
Name            HURST, CINDY  
Address        5208 N PEARL STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title            TREA  
Name            ANTHONY, BRADFORD  
Address        5208 N PEARL STREET  
City-State-Zip: JACKSONVILLE FL 32205

*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:** ANTHONY BRADFORD

**TREASURER**

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date