#### 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

Electronic Signature of Signing Officer/Director Detail

TREASURER

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PRES	Title	VP
Name	ISOM, SHIRLEY	Name	BUTLER, DARRYL
Address	5208 N PEARL STREET #10	Address	5208 N PEARL STREET
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205
Title	TRUS	Titlo	TREA
Title	TRUS	Title	TREA
Title Name	TRUS HURST, CINDY	Title Name	TREA ANTHONY, BRADFORD

JACKSONVILLE, FL 32258 US

JACKSONVILLE, FL 32205 **Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: AFSCME L3613 CORPORATION

# 5208 N PEARL STREET

DOCUMENT# N1900009239

5208 N PEARL STREET

#10

#10 JACKSONVILLE, FL 32205 US

### FEI Number: 83-3746720

### Name and Address of Current Registered Agent:

BRADFORD, ANTHONY 14373 GARDEN GATE DRIVE

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Mar 11, 2022

## Secretary of State 8967142129CC

Certificate of Status Desired: No

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:

Date

Date