

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011940

**Entity Name:** EVELYN'S HOUSE, INC.**Current Principal Place of Business:**3173 RAY ROAD  
JACKSONVILLE, FL 32209**Current Mailing Address:**3173 RAY ROAD  
JACKSONVILLE, FL 32209 US**FEI Number:** 85-3876954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART, CHERYL A  
1770 WILD DUNES CIRCLE  
ORANGE PARK, FL 32065 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	CEOP
Name	STEWART, CHERYL A
Address	1770 WILD DUNES CIRCLE
City-State-Zip:	ORANGE PARK FL 32065

Title	VP
Name	JONES, GAIL P
Address	3173 RAY ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	D
Name	STEWART, SHERESE L
Address	8224 MOONLIT MEADOWS LOOP
City-State-Zip:	RIVERVIEW FL 33578

Title	T
Name	CUNNINGHAM, JESSICA
Address	2086 CLUB LAKE DR
City-State-Zip:	ORANGE PARK FL 32065

Title	D
Name	JONES, ERICA
Address	3173 RAY ROAD
City-State-Zip:	JACKSONVILLE FL 32209

Title	D
Name	HAMILTON, KRISTEN
Address	856 GLENDALE LN
City-State-Zip:	ORANGE PARK FL 32065

Title	S
Name	MAZEKE, KENTISHA
Address	5037 PORTSMOUTH AVE.
City-State-Zip:	JACKSONVILLE FL 32208

*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: CHERYL A STEWART****MANAGER****04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date