

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011968

Entity Name: ESTATE PLANNING COUNCIL OF NORTHEAST FLORIDA, INC.

FILED
Mar 06, 2024
Secretary of State
4661916302CC

Current Principal Place of Business:

187 SE STILES WAY
LAKE CITY, FL 32025

Current Mailing Address:

187 SE STILES WAY
LAKE CITY, FL 32025

FEI Number: 03-0450631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOMBS OHMER, CHERRI
187 SE STILES WAY
LAKE CITY, FL 32025 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 OFFICER
Name HARTSFIELD, REID
Address 4600 TOUCHTON RD
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT
Name SOUSOU, MICHAEL J
Address 165 WELLS RD STE 204
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name MAYFIELD, KAREN B
Address 76 S LAURA ST 20TH FL
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name DAVIS, MAMIE L
Address 1751 UNIVERSITY BLVD S SUITE C
City-State-Zip: JACKSONVILLE FL 32216

Title EXECUTIVE SECRETARY
Name OHMER, CHERRI COOMBS
Address 187 SE STILES WAY
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name WYNN, AUSTIN
Address 5150 BELFORT ROAD S. BLDG 600
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name RAINES, TIMOTHY
Address 14029 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name FLANAGAN, BEVERLY
Address 10060 SKINNER LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32246

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: CHERRI COOMBS OHMER

EXECUTIVE DIRECTOR

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROWLAND, STEPHEN
Address 5210 BELFORT ROAD, STE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BOYKIN, IMANI
Address 6160 ARLINGTON EXPRESSWAY
City-State-Zip: JACKSONVILLE FL 32211-7142