

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000005585

**Entity Name:** JACKSONVILLE LIFESTYLE, INC.

**Current Principal Place of Business:**

6221 SAMUEL WELLS DR  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6221 SAMUEL WELLS DR  
JACKSONVILLE, FL 32216 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CONNORS, KATHRYN  
4540 SOUTHSIDE BLVD #303  
JACKSONVILLE, FL 32216 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:** KATHRYN CONNORS

01/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CONNORS, KATHRYN  
Address 4540 SOUTHSIDE BLVD #303  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name BERGERON, LARRY  
Address 4540 SOUTHSIDE BLVD #303  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name KEENON, NATHAN  
Address 4540 SOUTHSIDE BLVD #303  
City-State-Zip: JACKSONVILLE FL 32216

*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:** KATHRYN CONNORS

PRESIDENT

01/05/2023

Electronic Signature of Signing Officer/Director Detail

Date