

2024 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

07/16/2024

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

PD

07/16/2024

Electronic Signature of Signing Officer/Director Detail

Date