

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

DOCUMENT# N22000008927

**Entity Name:** GROW FAMILY WELLNESS INC.

**Current Principal Place of Business:**

65097 RIVER GLEN PKWY  
JACKSONVILLE, FL 32097

**Current Mailing Address:**

65097 RIVER GLEN PKWY  
JACKSONVILLE, FL 32097 US

**FEI Number: 83-4127512**

**Certificate of Status Desired: Yes**

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

MITCHELL, JUANITA CPA  
3938 SUNBEAM RD STE 1  
JACKSONVILLE, FL 32254 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 PD  
Name HORRELL, HEATHER  
Address 65097 RIVER GLEN PKWY  
City-State-Zip: JACKSONVILLE FL 32097

Title D  
Name WYMS, PHOEBE  
Address 13525 ASHFORD WOOD ST E  
City-State-Zip: JACKSONVILLE FL 32218

Title VPD  
Name RUGGIERO, TAMMY  
Address 4006 HEIDI RD W  
City-State-Zip: JACKSONVILLE FL 32277

Title S  
Name AYESU, AJOA  
Address 11883 ALEXANDER DR  
City-State-Zip: JACKSONVILLE FL 32218

*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: HEATHER M HORRELL**

**EXECUTIVE DIRECTOR**

**08/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date