

2024 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:

HEATHER, HORRELL
65097 RIVER GLEN PKWY
JACKSONVILLE, FL 32097 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: HEATHER HORRELL

04/30/2024

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 HORRELL

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date