

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000012352

Entity Name: 1925 ALPHA MEN OF JACKSONVILLE FOUNDATION, INC.**Current Principal Place of Business:**10990 HICKORY TRACE LANE
JACKSONVILLE, FL 32256**Current Mailing Address:**P.O. BOX 40081
JACKSONVILLE, FL 32203 US**FEI Number:** 92-0935577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, JEFFREY S
5027 GRAND LAKES DRIVE N
JACKSONVILLE, FL 32258 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	D
Name	WILLIAMS, TYRAIL D
Address	10087 CHESTER CREEK ROAD
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	WILKERSON, CLARENCE O
Address	13449 STANTON DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	HEAD, ROBERT L. DR.
Address	249 WINDING PATH DRIVE
City-State-Zip:	PONTE VEDRA FL 32081

Title	D
Name	PRIER SR, LEMORRIS DR.
Address	10990 HICKORY TRACE LANE
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	BOSTIC, GREGORY D DR.
Address	4550 CAPE SABLE CT.
City-State-Zip:	JACKSONVILLE FL 32277

Title	D
Name	COHEN SR, AVERY L
Address	864 QUIET STONE LANE
City-State-Zip:	ORANGE PARK FL 32065

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: PRIER SR , LEMORRIS , DR.**CHAIRMAN****04/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date