

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23672

Entity Name: JACKSON HEALTH FOUNDATION, INC.

Current Principal Place of Business:

1611 NW 12TH AVENUE
MIAMI, FL 33136

Current Mailing Address:

1611 NW 12TH AVENUE
MIAMI, FL 33136 US

FEI Number: 65-0077727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GATLIN, CHARMAINE
1611 NW 12TH AVENUE
MIAMI, FL 33136 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: CHARMAINE GATLIN

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name COULSON, DAVID A ESQ.
Address 200 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title VC
Name EDWARD, JOYCE J.
Address 2701 SOUTH BAYSHORE DRIVE
City-State-Zip: MIAMI FL 33133

Title PRESIDENT
Name CHARMAINE, GATLIN
Address 2855 PADDOCK ROAD
City-State-Zip: WESTON FL 33331

Title SECRETARY
Name GROSACK, MATTHEW
Address 933 NE 193RD TERRACE
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title PRESIDENT
Name LLIZO, FLAVIA
Address 1500 NW 12TH AVENUE
SUITE 1117 EAST
City-State-Zip: MIAMI FL 33136

Title FINANCE DIRECTOR
Name VERA, EDDIE
Address 1500 NW 12TH AVENUE
SUITE 1117 EAST
City-State-Zip: MIAMI FL 33136

Title TREASURER
Name IRIZARRY, GREGORY
Address 1162 NW 162ND AVENUE
City-State-Zip: PEMBROKE PINES FL 33028

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: EDDIE VERA

FINANCE DIRECTOR

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date