

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24012

Entity Name: YOUNG ACHIEVERS SPRINT CLUB, INC.**Current Principal Place of Business:**

%CALEB WHITE, JR.
3931 FERNGLEN DRIVE
JACKSONVILLE, FL 32277

Current Mailing Address:

%CALEB WHITE, JR.
755 ROCK BAY DRIVE
JACKSONVILLE, FL 32218

FEI Number: 59-2782319**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

WHITE, CALEB JR.
3931 FERNGLEN DRIVE
JACKSONVILLE, FL 32277 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 PRES
Name WHITE, CALEB JR.
Address 3931 FERNGLEN DR.
City-State-Zip: JACKSONVILLE FL 32277-1610

Title VP
Name DICKERSON-PROCTOR, TYWANA
Address 2363 ADAMS LAKE BLVD
City-State-Zip: JACKSONVILLE FL 32221

Title PR
Name WHITE, CARMEN A
Address 775 ROCK BAY DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title SECT
Name DAVIS-STRONG, ERICA
Address 10959 COPPER HILL DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title T
Name DAVIS, VIRGINIA
Address 110516 BESSANT ROAD NORTH
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name COPELAND, BYRON
Address 220 RIVERSIDE AVE
420
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name THOMAS, KAREN
Address 13365 DEVAN LEE DR
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name GREENE, TREVOR O
Address 193 LAMPLIGHTER LN
City-State-Zip: PONTE VEDRA FL 32082

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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: CALEB WHITE, JR.**PRESIDENT****01/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | WILLIAM, PRICE R |
| Address | 2505 BEAR PAW ST |
| City-State-Zip: | ST AUGUSTINE FL 33092 |