

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41284

Entity Name: LITERACY ALLIANCE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

40 E ADAMS STREET
SUITE 215
JACKSONVILLE, FL 32202

FILED
Feb 05, 2024
Secretary of State
0185889406CC

Current Mailing Address:

40 E ADAMS STREET
SUITE 215
JACKSONVILLE, FL 32202 US

FEI Number: 23-7153919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAILE, MARCUS
40 E ADAMS STREET
SUITE 215
JACKSONVILLE, FL 32202 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: MARCUS HAILE

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name HAILE, MARCUS
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name MAGUIRE, MICHAEL
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name AULD, JILL
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name CHASE, KEVIN
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name STEPTER, TERRI
Address 40 E ADAMS ST
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name BERGSTROM, CASSIDY
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name COKER, KELLY
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name DELEGAL, JULIE
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Continues on page 2

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: MARCUS W HAILE

**CHIEF EXECUTIVE
OFFICER**

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name GROSS, DOREEN
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name LANGHAM, LAUREN
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name ROBINSON, VICKIE
Address 40 E ADAMS ST
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name JAMES, BRIAN
Address 40 E. ADAMS ST
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name KRIZNAR, DANA
Address 40 E ADAMS STREET
SUITE 215
City-State-Zip: JACKSONVILLE FL 32202