

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005339

Entity Name: JACK AND BETTY DEMETREE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**C/O ELISA A. DEMETREE
1551 ATLANTIC BLVD. SUITE 300
JACKSONVILLE, FL 32207**Current Mailing Address:**C/O ELISA A. DEMETREE
P.O. BOX 47050
JACKSONVILLE, FL 32247-7050 US**FEI Number:** 59-3407379**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMETREE, ELISA A.
1551 ATLANTIC BLVD.
SUITE 300
JACKSONVILLE, FL 32207 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:** ELISA A. DEMETREE

04/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, P
Name	DEMETREE, BETTY A.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	DIRECTOR
Name	DEMETREE, MARK C.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	DIRECTOR, VPAS
Name	DEMETREE, J. C. JR.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	DIRECTOR, SECRETARY, TREASURER
Name	DEMETREE, ELISA A.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	DIRECTOR
Name	DOHERTY, LESLIE D.
Address	P.O. BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247-7050

Title	DIRECTOR
Name	DEMETREE, CHRISTOPHER C
Address	PO BOX 47050
City-State-Zip:	JACKSONVILLE FL 32247

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: DEMETREE, J. C., JR.

VPAS

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date