2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005339

Entity Name: JACK AND BETTY DEMETREE FAMILY FOUNDATION, INC.

FILED
Apr 22, 2022
Secretary of State
8932039959CC

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

04/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

P.O. BOX 47050

Address

Title DIRECTOR, P Title DIRECTOR

Name DEMETREE, BETTY A. Name DEMETREE, MARK C.

Address P.O. BOX 47050 Address P.O. BOX 47050

City-State-Zip: JACKSONVILLE FL 32247-7050 City-State-Zip: JACKSONVILLE FL 32247-7050

Title DIRECTOR, VPAS Title DIRECTOR, SECRETARY,

TREASURER

Name DEMETREE, J. C. JR.

Name DEMETREE, ELISA A.

Address P.O. BOX 47050

City-State-Zip: JACKSONVILLE FL 32247-7050 City-State-Zip: JACKSONVILLE FL 32247-7050

Title DIRECTOR Title DIRECTOR

Name DOHERTY, LESLIE D. Name DEMETREE, CHRISTOPHER C

Address P.O. BOX 47050 Address PO BOX 47050

City-State-Zip: JACKSONVILLE FL 32247-7050 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, ELISA A.

DST

04/22/2022