

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003391

**FILED  
Jan 14, 2015  
Secretary of State  
CC1212766581**

**Entity Name:** OBSESSIVE - COMPULSIVE FOUNDATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

8495 BLUESTEM COURT  
JACKSONVILLE, FL 32244-6025

**Current Mailing Address:**

8495 BLUESTEM COURT  
JACKSONVILLE, FL 32244-6025 US

**FEI Number: 59-3516602**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BENNETT, MICHAEL W  
8495 BLUESTEM COURT  
JACKSONVILLE, FL 32244-6025 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 DS  
Name BEECH-MAVRANTZAS, ASHLEY  
Address 2468 CEDAR TRACE DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32246

Title DV  
Name FISAK, BRIAN  
Address 3918 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title DT  
Name BENNETT, MICHAEL W  
Address 8495 BLUESTEM COURT  
City-State-Zip: JACKSONVILLE FL 32244

Title DP  
Name MORELLI, FRANK  
Address 12137 DIVIDING OAKS TRAIL EAST  
City-State-Zip: JACKSONVILLE FL 32223

*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: MICHAEL W. BENNETT**

**TREASURER**

**01/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date