

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000049946

**Entity Name:** NORTH FLORIDA FAMILY INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

10250 NORMANDY BLVD  
SUITE #503  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

10250 NORMANDY BLVD  
SUITE #503  
JACKSONVILLE, FL 32221 US

**FEI Number:** 20-0881915

**Certificate of Status Desired:** No

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

WARNER, JAMES CJR  
683 ATHENS DRIVE  
ST AUGUSTINE , FL 32092 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 P  
Name WARNER, JAMES CJR  
Address 683 ATHEN DRIVE  
City-State-Zip: ST AUGUSTINE FL 32092

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C WARNER, JR

**PRES**

**03/08/2022**

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

\_\_\_\_\_  
Date