

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708864

**Entity Name:** PINE CASTLE, INC.

**Current Principal Place of Business:**

4911 SPRING PARK ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4911 SPRING PARK ROAD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-0704733

**Certificate of Status Desired:** No

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

WHITTINGTON, LORI ANN  
4911 SPRING PARK ROAD  
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:** LORI ANN WHITTINGTON

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            WHITTINGTON, LORI ANN  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            PRESIDENT, CHAIRMAN  
Name            RUTH, AMY  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            TREASURER  
Name            JONES, RYAN  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            SECRETARY  
Name            LEY, SARA  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            IMMEDIATE PAST CHAIR  
Name            HOUPERT, SARAH  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            VC  
Name            ANDERSON, TIM  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            DIRECTOR OF FINANCE  
Name            JENKINS, LISA DE STEIGUER  
Address        4911 SPRING PARK ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** FINANCE/LISA JENKINS

**DIRECTOR OF FINANCE**

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date