

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716111

Entity Name: THE TOWERS OF JACKSONVILLE, INC.**Current Principal Place of Business:**1400 LEBARON AVE
JACKSONVILLE, FL 32207**Current Mailing Address:**1400 LEBARON AVE
JACKSONVILLE, FL 32207**FEI Number: 59-1392216****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCCLERNON, MICHAEL
1400 LEBARON AVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	EDWARDS, DANNY
Address	9908 VINEYARD LAKE LN
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	HIGGINBOTHAM, ROBERT
Address	7720 DEERWOOD POINT CIR
City-State-Zip:	JACKSONVILLE FL 32256

Title	ST
Name	PURDIE, JOANN F
Address	2210 ST. JOHNS AVENUE
City-State-Zip:	JACKSONVILLE FL 32204

Title	P
Name	MITCHELL, JOHN AIII
Address	4444 CATHEYS CLUB LANE
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	CUTHBERTSON, CHUCK
Address	5535 COASTAL LANE
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	KERMITZ, ROBERT
Address	4343 BALLINGER DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

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: JOHN A MITCHELL III**P****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date