

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716413

**Entity Name:** BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA, INC.

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**9053101261CC**

**Current Principal Place of Business:**

40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-0683256**

**Certificate of Status Desired: Yes**

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

SOLOMON, JULIE  
40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202 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: JULIE SOLOMON**

**04/21/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name SOLOMON, JULIE  
Address 40 EAST ADAMS STREET  
SUITE 220  
City-State-Zip: JACKSONVILLE FL 32202

Title CEO  
Name ALFORD, SARA  
Address 40 EAST ADAMS STREET  
SUITE 220  
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER  
Name DUNHAM, RICK  
Address 13555 PICARSA DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title BOARD MEMBER  
Name JOHNSON, JAYNAE  
Address 10752 DEERWOOD PARK BLVD. S  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIRMAN OF THE BOARD, 19-20  
Name LEWIS, DERRICK  
Address 501 EAST BAY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title VICE CHAIRMAN OF THE BOARD  
Name SCHUCHMANN, JOEL  
Address 112 PGA BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32250

Title SECRETARY  
Name UMUNNA, OBI  
Address 2119 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title BOARD MEMBER  
Name WINBUSH, WYMAN  
Address 11704 SEAVIEW DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

**Continues on page 2**

*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: JULIE SOLOMON**

**CHIEF FINANCIAL  
OFFICER**

**04/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name FRANCIS, SHALISA  
Address 390 N. ORANGE AVENUE  
SUITE 1700  
City-State-Zip: ORLANDO FL 32801-1674

Title BOARD MEMBER  
Name FLORESCA, GINA  
Address 4345 SOUTHPOINT BLVD.  
City-State-Zip: JACKSONVILLE FL 32216

Title BOARD MEMBER  
Name NELSON, SONYA  
Address 5934 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title BOARD MEMBER  
Name TREVATHAN, JOHN  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title BOARD MEMBER  
Name SPENCER, JASON  
Address ONE INDEPENDENT DRIVE  
25TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name KUBLBOCK, JOHN  
Address 96109 MARSH LAKES DRIVE  
City-State-Zip: FERNANIDINA BEACH FL 32034

Title BOARD MEMBER  
Name LE, LYDIA  
Address 11825 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title BOARD MEMBER  
Name SHERMAN, BLAKE  
Address 601 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title BOARD MEMBER  
Name LANG, MICHAEL  
Address 650 CASTRO STREET  
SUITE 260  
City-State-Zip: MOUNTAIN VIEW CA 94041