

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754878

**Entity Name:** JACKSONVILLE REGIONAL CHAMBER OF COMMERCE, INC.

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**0364247564CC**

**Current Principal Place of Business:**

3 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

3 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-0306160**

**Certificate of Status Desired: No**

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

DAVIS, DANIEL  
3 INDEPENDENT DRIVE  
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: DANIEL DAVIS**

**04/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name DAVIS, DANIEL  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name DRIVER, RAY  
Address ONE INDEPENDENT DRIVE  
1200  
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN  
Name BENNETT, MARK  
Address 50 N LAURA ST  
24TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name EVANS, BRIAN  
Address 225 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name JOLLY, ARI  
Address 4800 DEERWOOD CAMPUS PKWY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name SKIPPER, MISTY  
Address PO BOX 23627  
City-State-Zip: JACKSONVILLE FL 32241-3627

Title DIRECTOR  
Name DUGGAN, WYMAN  
Address 1301 RIVERPLACE BLVD  
SUITE 1500  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name MESKEL, TINA  
Address 3728 PHILIPS HWY  
#208  
City-State-Zip: JACKSONVILLE FL 32207

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*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: DANIEL DAVIS**

**CEO AND PRESIDENT**

**04/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COO  
Name POURCIAU, KELLY  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF INNOVATION OFFICER  
Name ROBINSON, CARLTON  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, JAXUSA DIVISION  
Name WALLER, AUNDRA  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF MEMBERSHIP OFFICER  
Name SPROWELL, JILL  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF PUBLIC AFFAIRS OFFICER  
Name GALNOR, MATT  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title CFO  
Name WALLER, KATHY  
Address 3 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202