## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761954** 

Entity Name: HISTORIC STANTON, INC.

**Current Principal Place of Business:** 

521 WEST ASHLEY STREET JACKSONVILLE, FL 32202

**Current Mailing Address:** 

P O BOX 43673

JACKSONVILLE, FL 32203 US

FEI Number: 59-2230026 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, MAMIE L ESQ. 1751 UNIVERSITY BLVD S. STE C JACKSONVILLE, FL 32216 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Mar 02, 2022

Secretary of State

6254266565CC

Officer/Director Detail :

Title TRUSTEE Title TREASURER

MITCHELL, ROBERT L PH.D. Name Name MCINTOSH, C.B. M.D. Address 2787 PERCY ROAD 4063 RIBAULT RIVER LANE

JACKSONVILLE FL 32208 JACKSONVILLE FL 32218 City-State-Zip: City-State-Zip:

Address

Title **SECRETARY** Title TRUSTEE

POLITE, LEROY R. D.D.S. RUTH, JAMES A. ESQ. Name Name

Address 1650 DUNN AVENUE Address 501 WEST ADAMS STREET

SUITE 6 **DUVAL COUNTY COURTHOUSE SUITE 7159** City-State-Zip: JACKSONVILLE FL 32218

City-State-Zip: JACKSONVILLE FL 32202

JACKSONVILLE FL 32218

Title **CHAIRMAN** Title VC

Name DAVIS, MAMIE L. ESQ., CPA TROUTMAN, ANDREA Name

Address 1751 UNIVERSITY BLVD S. STE C

Address 11759 MALLARD LANE City-State-Zip: JACKSONVILLE FL 32216

Title **TRUSTEE** 

Title **TRUSTEE** Name SIFAKIS, ALEXANDER

Name WAINWRIGHT, JOLITA DORSETT Address 7563 PHILLIPS HIGHWAY, SUITE 208

5353 ARLINGTON EXPRESSWAY #12 Address City-State-Zip: JACKSONVILLE FL 32256

City-State-Zip: JACKSONVILLE FL 32211

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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.

03/02/2022 **CHAIRMAN** SIGNATURE: MAMIE L DAVIS

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TRUSTEE

Name DAY, RAMON L

Address 154 FORESTVIEW LANE
City-State-Zip: PONTE VEDRA FL 32081