

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765263

FILED
Apr 03, 2024
Secretary of State
9958327992CC

Entity Name: JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

3645 SPRING PARK ROAD
JACKSONVILLE, FL 32207

Current Mailing Address:

1311 HERITAGE MANOR DRIVE
JACKSONVILLE, FL 32207 US

FEI Number: 59-2288753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOMAX, GEORGE
3645 SPRING PARK RD
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: GEORGE LOMAX

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DAVIS, BRYAN
Address 1699 BISHOP ESTATES RD,
City-State-Zip: ST. JOHNS FL 32259

Title TREASURER
Name LOMAX, GEORGE
Address 1311 HERITAGE MANOR DR.
UNIT 402
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT
Name COURSON, JONATHAN
Address 8122 WEKIVA LANE
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name NETTUNO, JOE
Address 3119 ASH HARBOR DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32224

Title ASST. SECRETARY
Name CROOKS, VALARIE
Address 3033 LUCINA LANE
City-State-Zip: JACKSONVILLE FL 32246

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: GEORGE LOMAX

TREASURER

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date