

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000052

Entity Name: JACKSONVILLE SEMPER FIDELIS SOCIETY, INC.**Current Principal Place of Business:**4942 WILD HERON WAY
JACKSONVILLE, FL 32225**Current Mailing Address:**PO BOX 28188
JACKSONVILLE, FL 32226 US**FEI Number:** 59-3690146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADELHELM, ROBERT P
4942 WILD HERON WAY
JACKSONVILLE, FL 32225 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:** ROBERT ADELHELM

02/03/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name D'ALEO, TONY G
Address PO BOX 28188
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name MAURER, KLAUS
Address 5479 HIDDEN RIDGE DR
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER, DIRECTOR
Name ADELHELM, ROBERT P
Address 4942 WILD HERON WAY
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name MORELAND, HENRY
Address 2360 LAKE SHORE BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name CARSON, SUZANNE
Address 8510 JULIA MARIE CIRLE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name SLICK, CLYDE
Address 276 CASPIAN WAY
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY
Name HANSEN, CAROLE
Address PO BOX 28188
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name COPP, ADAM
Address PO BOX 28188
City-State-Zip: JACKSONVILLE FL 32226

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: ROBERT ADELHELM**REGISTERED
AGENT/TREASURER**

02/03/2025

Electronic Signature of Signing Officer/Director Detail

Date