

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000894

Entity Name: FAMILY PROMISE OF JACKSONVILLE INC.**Current Principal Place of Business:**431 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211**Current Mailing Address:**P O BOX 40363
JACKSONVILLE, FL 32203 US**FEI Number:** 59-3685470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUSS, KENNEY, SAFER, HAMPTON & JOOS, PA
4348 SOUTHSIDE BLVD #101
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:** JONATHAN SMITH

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RAMP, JENNIFER
Address	3855 PEBBLE BROOKE CIRCLE S.
City-State-Zip:	ORANGE PARK FL 32065

Title	VP
Name	PETERSON, JENNIFER DR.
Address	4624 TANBARK RD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	OFFICER
Name	FRIBERG, ELLEN
Address	1448 PINEGROVE AVE.
City-State-Zip:	ORANGE PARK FL 32205

Title	EXECUTIVE DIRECTOR
Name	LANDSCHOOT, MARK
Address	4520 MANCHESTER RD
City-State-Zip:	JACKSONVILLE FL 32210

Title	ASST. SECRETARY
Name	VAN LANINGHAM, JACKIE
Address	1432 RENSSELAER AVE.
City-State-Zip:	JACKSONVILLE FL 32205

Title	OFFICER
Name	ISGETTE, HAROLD
Address	225 E DUVAL ST
City-State-Zip:	JACKSONVILLE FL 32202

Title	OFFICER
Name	NELSON, SHAUN
Address	1414 TROPICAL PINE COVE
City-State-Zip:	MIDDLEBURG FL 32068

Title	OTHER
Name	DANA, DIANA
Address	110 COLOMBARD CT.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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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: MARK LANDSCHOOT**EXECUTIVE DIRECTOR**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name SQUIRES, VALERIE
Address 14502 CHESHAM CT.
City-State-Zip: JACKSONVILLE FL 32258

Title OFFICER
Name CARTER, CICI
Address 830 MOSSWODD CHASE ST.
City-State-Zip: ORANGE PARK FL 32065

Title OTHER
Name FELIX, RONTANETTE
Address 431 UNIVERSITY BLVD. N
City-State-Zip: JACKSONVILLE FL 32211

Title OFFICER
Name SHAFER, MARTHA
Address 2123 SOFTWIND TRAIL W.
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY
Name CRISSMAN, TRACY
Address 145 WALNUT CREEK DR.
City-State-Zip: FLEMING ISLAND FL 32003

Title OFFICER
Name CRISSMAN, WILLIAM
Address 1450 WALNUT CREEK ST.
City-State-Zip: FLEMING ISLAND FL 32003

Title OFFICER
Name FRANKLIN, BOOKER
Address 12100 LEM TURNER RD.
City-State-Zip: JACKSONVILLE FL 32218