## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000894

Entity Name: FAMILY PROMISE OF JACKSONVILLE INC.

FILED
Jan 14, 2016
Secretary of State
CC9097561210

Date

**Current Principal Place of Business:** 

225 E DUVAL ST

JACKSONVILLE, FL 32202

**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 01/14/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DP Title DT

Name JOHNSON, THERESA Name YONG, VICTORIA

Address 414 E. 6TH ST. Address 4352 FOREST PARK RD.

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY Title VP

Name NEWMAN, KANDEE Name GUNTER, ROSE

Address 6675 CORP. CENTER PARKWAY Address 1213 PARADISE POND RD

SUITE 712 City-State-Zip: ST AUGUSTINE FL 32092

City-State-Zip: JACKSONVILLE FL 32216

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.

DT

Electronic Signature of Signing Officer/Director Detail