2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2025
Secretary of State
1805122833CC

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: Yes

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 02/09/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

Title	TREASURER
Name	ISGETTE, HAROLD
Address	11659 MARSH ELDER DR
City-State-Zip:	JACKSONVILLE FL 32226

Title	OFFICER
Name	SQUIRES, VALERIE
Address	5915 TAVERNIER STREET
City-State-Zip:	JACKSONVILLE FL 32258

Title	PRESIDENT
Name	PETERSON, JENNIFER DR.
Address	4624 TANBARK 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	NELSON, SHAUN
Address	1414 TROPICAL PINE COVE
City-State-Zip:	MIDDLEBURG FL 32068

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

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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: BETH MIXSON INTERIM EXECUTIVE DIRECTOR 02/09/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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	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

Title	INTERIM EXECUTIVE DIRECTOR
Name	MIXSON, BETH T.
Address	2824 CORINTHIAN AVENUE
City-State-Zip:	JACKSONVILLE FL 32210