

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001594

Entity Name: FORD FAMILY AND WELFARE ASSOCIATION, CORP**Current Principal Place of Business:**12739 CARON DR
JACKSONVILLE, FL 32258**Current Mailing Address:**12739 CARON DR
JACKSONVILLE, FL 32258**FEI Number: 59-3262251****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FORD, OZELL
12739 CARON DR
JACKSONVILLE, FL 32258 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FORD, OZELL
Address	12739 CARON DR
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	PLUMMER, TERRANCE
Address	3645 SOFT BREEZE CIRCLE
City-State-Zip:	WEST MELBOURNE FL 32904

Title	T
Name	FORD, ROBERT I
Address	8896 135TH LOOP
City-State-Zip:	LIVE OAK FL 32060

Title	S
Name	BROWN, TAMALA A
Address	11561 SUMMER BROOK COURT
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	JIMMIE, NELSON III
Address	631 BLENHEIM LOOP
City-State-Zip:	WINTER SPRINGS FL 32708

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: OZELL FORD**DIRECTOR****01/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date