

2025 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: No

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

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

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

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

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: FORD, OZELL

DIRECTOR

02/01/2025

Electronic Signature of Signing Officer/Director Detail

Date