

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010364

**Entity Name:** SPANISH CULTURAL SOCIETY OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

2326 FOXWOOD DR.  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2326 FOXWOOD DR.  
ORANGE PARK, FL 32073

**FEI Number:** 65-1293858

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOHNS, LAURIE M  
2326 FOXWOOD DR.  
ORANGE PARK, FL 32073 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 JOHNS, LAURIE M  
Address 2326 FOXWOOD DR.  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name JOHNS, RICHARD M  
Address 2113 PALMETTO ST.  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name JOHNS-STOUTAMIRE, LAURIE C  
DR.  
Address 1697 MARGARET WALK  
City-State-Zip: FLEMING ISLAND FL 32003

Title D  
Name CANTRELL, WADE D  
Address 2326 FOXWOOD DR.  
City-State-Zip: ORANGE PARK FL 32073

*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:** LAURIE M. JOHNS, DDS

**PRESIDENT**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date