

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009585

Entity Name: PLANNED GIVING COUNCIL OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**245 RIVERSIDE AVENUE
SUITE 310
JACKSONVILLE, FL 32202**Current Mailing Address:**245 RIVERSIDE AVENUE
SUITE 310
JACKSONVILLE, FL 32202**FEI Number:** 56-2662173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COKER, JEAN CESQ.
6622 SOUTHPOINT DR. SOUTH, SUITE 160
JACKSONVILLE, FL 32216-0998 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 DIRECTOR, TREASURER
Name THOMPSON, KENNETH
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, VP
Name BELL, CHRISTINE
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name FISHBURNE, JOHN III
Address 1548 LANCASTER TERRACE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BUSH, OLIVIA
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, PRESIDENT
Name ZELL, JOHN
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, SECRETARY
Name TAYLOR, RICHARD
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ERSTLING, JOHN
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name COX, MARTHA
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

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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: JOHN I. FISHBURNE, III**DIRECTOR****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOGAN ENGLISH, SHERRY
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name NASH, WILLIAM
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name EVANS, CLIFF
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name FORMAN, TIMOTHY
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202