

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009585

Entity Name: PLANNED GIVING COUNCIL OF NORTHEAST FLORIDA, INC.**FILED**
Jan 21, 2019
Secretary of State
3515111564CC**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, SECRETARY |
| Name | ZELL, JOHN |
| Address | 245 RIVERSIDE AVENUE SUITE 310 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

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

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

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

| | |
|-----------------|-----------------------------------|
| Title | DIRECTOR |
| Name | COX, MARTHA |
| 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, PRESIDENT |
| Name | FLANAGAN, BEVERLY |
| Address | 245 RIVERSIDE AVENUE 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 FISHBURNE**DIRECTOR****01/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PELLEGRINO-YOKITIS, MARIA
Address 245 RIVERSIDE AVENUE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GOVAN, KIMBERLY
Address 245 RIVERSIDE AVE
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

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

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

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