

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011096

**Entity Name:** THE SOLUTION DYNAMICS A.R.C. INC.

**Current Principal Place of Business:**

3461 PEELER RD  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3491 WENTWORTH CIR E  
JACKSONVILLE, FL 32277 US

**FEI Number: 77-0704864**

**Certificate of Status Desired: Yes**

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

MASON, RONNIE D  
3491 WENTWORTH CIR E  
JACKSONVILLE, FL 32277 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: RONNIE MASON**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CS  
Name WILSON, BYRON E  
Address 860 BRIARCREEK RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title P, COO  
Name MASON, RONNIE DALE  
Address 3491 WENTWORTH CIR E  
City-State-Zip: JACKSONVILLE FL 32277

Title S  
Name MASON, AVENICIA N  
Address 3491 WENTWORTH CIR E  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name MASON, NANCY W  
Address 428 POTTER STREET  
City-State-Zip: DURHAM NC 27701

Title PROGRAM DIRECTOR  
Name MERRELL, SAM III  
Address 3461 PEELER RD  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name SMITH, MITCHELL  
Address 3461 PEELER RD  
City-State-Zip: JACKSONVILLE FL 32277

*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: RONNIE MASON**

**P, COO**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date