

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011096

Entity Name: THE SOLUTION DYNAMICS A.R.C. INC.**Current Principal Place of Business:**1650 ART MUSEUM DR
SUITE 20
JACKSONVILLE, FL 32207**Current Mailing Address:**1650 ART MUSEUM DR
SUITE 20
JACKSONVILLE, FL 32207 US**FEI Number:** 85-2991802**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MASON, RONNIE D
1650 ART MUSEUM DR
STE 20
JACKSONVILLE, FL 32207 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

04/30/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PROGRAM DIRECTOR
Name MERRELL, SAM III
Address 1650 ART MUSEUM DR
SUITE 20
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name THOMAS , ANDREW
Address 777 5TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title OFFICER
Name HICKS, ANTONIO
Address 1650 ART MUSEUM DR
SUITE 16
City-State-Zip: JACKSONVILLE FL 32207

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

Title TREASURER
Name THOMAS, LATOYA
Address 777 5TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title OFFICER
Name WILSON, BYRON
Address 11339 DISTRIBUTION AVE
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER
Name GARLAND, DAVID
Address 1650 ART MUSEUM DR
SUITE 20
City-State-Zip: JACKSONVILLE FL 32207

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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: RONNIE MASON

MR

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name CONEY, SHECARA
Address 1650 ART MUSEUM DR
SUITE 20
City-State-Zip: JACKSONVILLE FL 32207

Title ASST. SECRETARY
Name MEREDITH, IYANNA
Address 1650 ART MUSEUM DR
SUITE 20
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name GARTH, DWIGHT JR.
Address 1650 ART MUSEUM DR
SUITE 20
City-State-Zip: JACKSONVILLE FL 32207