2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2024
Secretary of State
7532858525CC

DOCUMENT# N08000009827

Entity Name: OKOA REFUGE, INC.

Current Principal Place of Business:

2026 ACACIA ROAD
NEPTUNE BEACH, FL 32266

Current Mailing Address:

PO BOX 50014
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 30-0513457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDRO, RALEIGH
BOX 50014
JACKSONVILLE BEACH, FL 32240 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: RALEIGH PEDRO 04/19/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT, CEO
Name	WORKMAN, TYLER J
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	MOORE, SEAN
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	CHAIRMAN, DIRECTOR
Name	DAL PORTO, KIMBERLY DR.
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	OTHER
Name	PEDRO, RALEIGH
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR, SECRETARY
Name	POPWELL, CHRISTY
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	PARKER, CHRIS
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR, VC
Name	FOLEY, CHRIS
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	GRAHAM, RICK
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

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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: RALEIGH PEDRO US ASSOCIATE DIRECTOR 04/19/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DOYLE, GLENN
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	PHILLIPS, MEGAN
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR, TREASURER
Name	ALLEN, GINGER
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	EHRENFELD, JOSH
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	POWELL, ETHAN
Address	PO BOX 50014
City-State-Zip:	JACKSONVILLE BEACH FL 32240