

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008015

**Entity Name:** PRESERVATION SOS, INC.

**Current Principal Place of Business:**

2720 PARK STREET  
SUITE 205  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

2720 PARK STREET  
SUITE 205  
JACKSONVILLE, FL 32205 US

**FEI Number:** 27-3330521

**Certificate of Status Desired:** No

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

WICKERSHAM, CHRISTOPHER WJR, ESQ  
2720 PARK STREET  
SUITE 205  
JACKSONVILLE, FL 32205 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 DP  
Name LOPEZ, NICOLE  
Address 1533 IONIA STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DV  
Name DEVALL, GLORIA  
Address 7027 ALPINE STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title DS  
Name WICKERSHAM, CHRISTOPHER W  
Address 1861 CHERRY STREET  
NO. 4  
City-State-Zip: JACKSONVILLE FL 32205

Title DT  
Name PRYOR, KIMBERLY A  
Address 245 W. 5TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name ULLRICH, JOHANNES  
Address 418 WEST 7TH STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name MABERRY, JOAN B  
Address PO BOX 3112  
City-State-Zip: JACKSONVILLE FL 32206

*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:** CHRISTOPHER W. WICKERSHAM JR., ESQ.

**SECRETARY**

**08/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date