

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2017

Secretary of State

CC4721299044

DOCUMENT# N10000011681

Entity Name: THE ALLISON BRUNDICK HARAMIS FOUNDATION, INC.

Current Principal Place of Business:

4155 OXFORD AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

4155 OXFORD AVENUE
JACKSONVILLE, FL 32210 US

FEI Number: 27-4599048

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARAMIS, DREW
4155 OXFORD AVENUE
JACKSONVILLE, FL 32210 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 PD
Name HARAMIS, DREW
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TD
Name HANIGAN, JENNIFER A
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title VP, PASTOR
Name HEMPHILL, ANN STEWART
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name HORN, CAMILLE
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name BOSWELL, LAURA
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name NICHOLS, EUGENE B
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY
Name IRVING, BARBARA
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title COO
Name NEWTON, KARLA
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Continues on page 2

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: DREW HARAMIS

PRESIDENT

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name ROBIE, ROSEMARY
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name MAGEVNEY, LAURA
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name EDMONSTON, SABRIE
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title EXECUTIVE DIRECTOR
Name HOGAN, CARISSA
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name WILLETTS, MARY LEE
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name NIGRO, DADE
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name ONDINA, MIKE
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name SAUSAMAN, ALISON
Address 4155 OXFORD AVENUE
City-State-Zip: JACKSONVILLE FL 32210