

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010583

Entity Name: JACKSONVILLE ASSOCIATION OF REAL ESTATE BROKERS, INC.**FILED**
Jun 08, 2020
Secretary of State
5261444705CC**Current Principal Place of Business:**101 UNION STREET
403
JACKSONVILLE, FL 32202**Current Mailing Address:**P O BOX 2146
JACKSONVILLE, FL 32203**FEI Number: 27-2895584****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OWENS, CHERYL
101 UNION STREET
403
JACKSONVILLE, FL 32202 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: CHERYL OWENS****06/08/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	CHESTER, MELISSA
Address	9424 BAYMEADOWS RD STE 110
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	HALL, LATOSHIA
Address	1857 WELLS ROAD SUITE 213
City-State-Zip:	ORANGE PARK FL 32073

Title	VP
Name	MCDONALD, ASHLEY
Address	9424 BAYMEADOWS RD STE 110
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECR
Name	HALL-LLOYD, APRIL
Address	101 UNION STREET E
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREA
Name	OWENS, CHERYL L
Address	101 UNION STREET SUITE 403
City-State-Zip:	JACKSONVILLE FL 32202

Title	PARLIAMENTARIAN
Name	TRIPLETT, SCOTT
Address	2950 HALCYON LANE
City-State-Zip:	JACKSONVILLE FL 32223

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: CHERYL L OWENS**TREASURER****06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date