

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006163

Entity Name: GAMMA BETA BOULE FOUNDATION, INC.**Current Principal Place of Business:**13846 ATLANTIC BLVD UNIT 213
JACKSONVILLE, FL 32225**Current Mailing Address:**13846 ATLANTIC BLVD UNIT 213
JACKSONVILLE, FL 32225 US**FEI Number:** 45-5547005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, MARK L
12511 MISSION HILLS DR S
JACKSONVILLE, FL 32225 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:** MARK L GRIFFIN

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name QUARLES, LUTHER DIII
Address 6359 WHISPERING OAKS DRIVE N.
City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR/VICE PRESIDENT
Name QUARLES, PAMELA
Address 6359 WHISPERING OAKS DRIVE N.
City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR
Name BROWN, LEONARD D ESQ.
Address 1272 PONTE VEDRA BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR/TREASURER
Name GRIFFIN, MARK L DR.
Address 12511 MISSION HILLS DR S
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name JONES, CARLTON D
Address 95580 BURNEY RD
PO BOX 16777
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR/SECRETARY
Name CROOM, WILLIAM B.
Address 248 RINCON DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32095

Title DIRECTOR/PRESIDENT
Name HARLEY, LANGSTON C
Address 13846 ATLANTIC BLVD UNIT 213
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name BARROW, JOSEPH L
Address 2705 GRAND AVENUE
City-State-Zip: JACKSONVILLE FL 32210

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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: MARK L GRIFFIN**TREASURER**

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERRING, NATHANIEL R JR.
Address 24419 MOSS CREEK LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name SMITH, DARNELL
Address 11768 CHERRY BARK DR E
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name MACK, BRANDON L
Address 11664 HICKORY OAK DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name SMITH, DERRICK W
Address 188 LAMP LIGHTER LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082