

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008273

Entity Name: DBWPC, INC.**Current Principal Place of Business:**40 EAST ADAMS STE 130
JACKSONVILLE, FL 32202**Current Mailing Address:**40 EAST ADAMS STE 130
JACKSONVILLE, FL 32202**FEI Number:** 46-0938295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROCKET LAWYER CORPORATE SERVICES LLC
155 OFFICE PLAZA DR. 1ST FLOOR
TALLAHASSEE, FL 32301 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	PRESIDENT AND CEO
Name	BASRA, INDERJIT
Address	40 EAST ADAMS SUITE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	MASON, NICOLE C
Address	40 EAST ADAMS SUITE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	DORSETT, KAREEN
Address	40 EAST ADAMS SUITE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	BILCHIK, SHAY
Address	40 E ADAMS ST STE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	COO
Name	SECHRIST, STACY
Address	40 EAST ADAMS ST SUITE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	CHAIRMAN
Name	WYNN, RICHMOND
Address	40 EAST ADAMS ST. STE. 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	WICK, CAROL
Address	40 EAST ADAMS STE 130
City-State-Zip:	JACKSONVILLE FL 32202

Title	VC
Name	GLOVER, RACHIC
Address	40 EAST ADAMS STE 130
City-State-Zip:	JACKSONVILLE FL 32202

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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: STACY D. SECHRIST**COO****01/15/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title MEMBER
Name CHAPMAN, SHAWANDA
Address 40 EAST ADAMS STE 130
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name KALEEM, MAHEEN
Address 40 EAST ADAMS ST
STE 130
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name DAVIS, BERNICE
Address 40 EAST ADAMS ST
STE 130
City-State-Zip: JACKSONVILLE FL 32202