

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011176

Entity Name: NORTHEAST FLORIDA MEDICAL SOCIETY FOUNDATION, INC.

FILED
Apr 25, 2023
Secretary of State
9235943359CC

Current Principal Place of Business:

9390 LEM TURNER ROAD
JACKSONVILLE, FL 32208

Current Mailing Address:

9390 LEM TURNER ROAD
JACKSONVILLE, FL 32208

FEI Number: 46-1448092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAIN, ROGERS
9390 LEM TURNER ROAD
JACKSONVILLE, FL 32208 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 D/P
Name CAIN, ROGERS
Address 9390 LEM TURNER ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title D/S
Name SYKES, REGINALD
Address 9390 LEM TURNER ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title D/T
Name JONES, KENNETH
Address 9390 LEM TURNER ROAD
City-State-Zip: JACKSONVILLE FL 32208

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: ROGERS CAIN

D/P

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date