

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009482

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**2383081814CC**

**Entity Name:** GUIDEWELL MUTUAL HOLDING CORPORATION

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 US

**FEI Number:** 46-3949427

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MACCARTHY, DEIRDRE  
4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 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:** DEIRDRE MCCARTHY

04/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, PRESIDENT  
Name GERAGHTY, PATRICK J  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title CFO  
Name DIVITA, CHARLES III  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name JOSEPH, CHARLES S  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name COATS, WILLIAM A  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name HALVERSON, STEVEN T  
Address 111 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name JENKINS, LEERIE T JR.  
Address 10748 DEERWOOD PARK BLVD., S.  
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIRMAN  
Name RAMIL, JOHN B  
Address 702 N. FRANKLIN STREET, 3RD FLOOR  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SCRUGGS, FRANK P JR.  
Address 350 EAST LOS OLAS BLVD., SUITE 1000  
City-State-Zip: FT. LAUDERDALE FL 33301

**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:** CHARLES S. JOSEPH

**SECRETARY**

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEINBACH, TRACY  
Address 1121 CRANDON BOULEVARD, #F403  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name MILLS, HAROLD  
Address 11900 LAKE BUTLER BLVD.  
City-State-Zip: WINDERMERE FL 34768

Title DIRECTOR  
Name COST, TIM  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name KUNTZ, THOMAS  
Address 1568 HOLTS GROVE CIRCLE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name SASTRE, MARIA A  
Address 201 S. ORANGE AVE.  
SUITE 1100  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BURWELL, SYLVIA  
Address 4810 ROCKWOOD PARKWAY NW  
City-State-Zip: WASHINGTON DC 20016