#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002165

Entity Name: REGIONAL FOOD BANK OF NORTHEAST FLORIDA, INC.

FILED
Jan 23, 2023
Secretary of State
1989340963CC

### **Current Principal Place of Business:**

1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 32254

## **Current Mailing Address:**

1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 32254

FEI Number: 46-5014769 Certificate of Status Desired: Yes

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

WACHS, ALAN S 50 N. LAURA STREET, SUITE 2600 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:

Electronic Signature of Registered Agent Date

Title

Officer/Director Detail:

Title BOARD MEMBER Title BOARD SECRETARY

Name WYCKOFF, CHUCK Name WACHS, ALAN

Address 1116 EDGEWOOD AVE N UNITS D/E Address 50 N. LAURA STREET

SUITE 2600

**BOARD CHAIRMAN** 

City-State-Zip: JACKSONVILLE FL 32254

City-State-Zip: JACKSONVILLE FL 32202

Title CEO

Name KING, SUSAN ....\_

Address 1116 EDGEWOOD AVE N UNITS D/E Name WISE, LISHA

Address 1116 EDGEWOOD AVE N UNITS D/E
City-State-Zip: JACKSONVILLE FL 32254

City-State-Zip: JACKSONVILLE FL 32254 City-State-Zip: JACKSONVILLE FL 32254

Title BOARD MEMBER Title BOARD MEMBER

Name JONES, MIA Name BROWN, LEN

Address 1116 EDGEWOOD AVE N UNITS D/E Address 1116 EDGEWOOD AVE N UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254 City-State-Zip: JACKSONVILLE FL 32254

Title GOVERNANCE CHAIRMAN Title BOARD MEMBER

Name MARTINO, JOSH Name HALEY, CHRIS

Address 1116 EDGEWOOD AVE N UNITS D/E Address 1116 EDGEWOOD AVE N UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254 City-State-Zip: JACKSONVILLE FL 32254

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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: SUSAN KING CEO 01/23/2023

# Officer/Director Detail Continued:

Title FINANCE CHAIRMAN

Name COLALUCA, ANTHONY JR.

Address 1116 EDGEWOOD AVE N UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254

Title BOARD MEMBER
Name LAWTON, MICHAEL

Address 1116 EDGEWOOD AVE N

UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254

Title BOARD MEMBER
Name RAJHANSA, DIPAK

Address 1116 EDGEWOOD AVE N UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254

Title BOARD VICE CHAIRMAN

Name WRIGHT, LAURI DR.

Address 1116 EDGEWOOD AVE N UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254

Title BOARD MEMBER
Name BAKER, RUSSELL

Address 1116 EDGEWOOD AVE N

UNITS D/E

City-State-Zip: JACKSONVILLE FL 32254