2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2016
Secretary of State
CC5630266902

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Entity Name: JACKSONVILLE CLAIMS ASSOCIATION, INC.

Current Principal Place of Business:

109 VELVETLEAF DRIVE
ST JOHNS, FL 32259

Current Mailing Address:

P.O. BOX 17311
JACKSONVILLE, FL 32245

FEI Number: 59-2669472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, NATALIE JANE
109 VELVETLEAF DRIVE
ST JOHNS, FL 32259 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: NATALIE JOHNSON 04/13/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST-PRESIDENT	Title	PRESIDENT
Name	SORRENTO, TAMMY	Name	LANIER, JEANETTE
Address	P.O. BOX 17311	Address	P.O. BOX 17311
City-State-Zip:	JACKSONVILLE FL 32245	City-State-Zip:	JACKSONVILLE FL 32245
Title	TRES	Title	SECRETARY
Name	JOHNSON, NATALIE JANE	Name	RODDA, CINDY
Address	P.O. BOX 17311	Address	P.O. 17311
City-State-Zip:	JACKSONVILLE FL 32245	City-State-Zip:	JACKSONVILLE FL 32245

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: NATALIE J. JOHNSON TREASURER 04/13/2016

Electronic Signature of Signing Officer/Director Detail — Date