

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002515

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

04/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST-PRESIDENT
Name SORRENTO, TAMMY
Address P.O. BOX 17311
City-State-Zip: JACKSONVILLE FL 32245

Title PRESIDENT
Name LANIER, JEANETTE
Address P.O. BOX 17311
City-State-Zip: JACKSONVILLE FL 32245

Title TRES
Name JOHNSON, NATALIE JANE
Address P.O. BOX 17311
City-State-Zip: JACKSONVILLE FL 32245

Title SECRETARY
Name RODDA, CINDY
Address P.O. 17311
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 JOHNSON

TREASURER

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date