## 2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14000002515

Entity Name: JACKSONVILLE CLAIMS ASSOCIATION, INC.

**FILED** Mar 05, 2024 **Secretary of State** 1951952263CR

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

11555 CENTRAL PARKWAY

SUITE 102

JACKSONVILLE, FL 32224

## **Current Mailing Address:**

P.O. BOX 50131

JACKSONVILLE BEACH, FL 32240 US

FEI Number: 59-2669472 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GONZALEZ, DAN 11555 CENTRAL PARKWAY SUITE 102 JACKSONVILLE, FL 32224 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: DAN GONZALEZ 03/05/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

GONZALEZ, DAN CLAY, ALEX Name Name

11555 CENTRAL PARKWAY 11555 CENTRAL PARKWAY Address Address

SUITE 102 SUITE 102

JACKSONVILLE FL 32224 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32224

Title **TRES** Title **SECRETARY** 

Name MASSEY, CHRIS Name ROJAS, ELENA

11555 CENTRAL PARKWAY Address 11555 CENTRAL PARKWAY Address SUITE 102

SUITE 102

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR

Name GEORGE, AUTUMN

Address 11555 CENTRAL PARKWAY

SUITE 102

City-State-Zip: JACKSONVILLE FL 32224

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: DAN GONZALEZ

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/05/2024