

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008847

**Entity Name:** 904WARD, INC.**Current Principal Place of Business:**40 EAST ADAMS STREET  
LL50  
JACKSONVILLE, FL 32202**Current Mailing Address:**40 EAST ADAMS STREET  
LL50  
JACKSONVILLE, FL 32202 US**FEI Number:** 82-2604507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FT CORPORATE SERVICES, LLC  
40 EAST ADAMS STREET  
LL50  
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:** BRITTANY A. COOK-MARSH

02/21/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHERMAN, LYNN  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BURTON, JAMETORIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY, DIRECTOR  
Name MCGRIFF, TAMMI  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name GRIGGS, PATRICK  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, DIRECTOR  
Name MARTELO, MAIRA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name GILBERT, AYSIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name PATZ, MELANIE  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER, DIRECTOR  
Name SOMERS, ALICIA  
Address 40 EAST ADAMS STREET  
LL50  
City-State-Zip: JACKSONVILLE FL 32202

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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:** KIMBERLY ALLEN

CEO

02/21/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CEO
Name	KIMBERLY, ALLEN
Address	40 EAST ADAMS STREET LL50
City-State-Zip:	JACKSONVILLE FL 32202