

2024 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
35 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

02/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D
Name CONNER, DEIRDRE
Address 40 EAST ADAMS STREET
LL50
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name CSAR, TREY
Address 40 EAST ADAMS STREET
LL50
City-State-Zip: JACKSONVILLE FL 32202

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

Title D & S
Name MCGRIFF, TAMMI
Address 501 RIVERSIDE AVENUE
SUITE 700
City-State-Zip: JACKSONVILLE FL 32202

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

Title D & VP
Name MARTELO, MAIRA
Address 40 EAST ADAMS STREET
LL50
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name JAMISON, DAVID
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: LYNN SHERMAN

D & P

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title D & T
Name SOMERS, ALICIA
Address 40 EAST ADAMS STREET
LL50
City-State-Zip: JACKSONVILLE FL 32202

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