2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2025
Secretary of State
7555400531CC

DOCUMENT# N18000010918

Entity Name: ELEVATE JACKSONVILLE INC

Current Principal Place of Business:

532 RIVERSIDE AVE
JACKSONVILLE, FL 32202

Current Mailing Address:

532 RIVERSIDE AVE
JACKSONVILLE, FL 32202 US

FEI Number: 83-2347040

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FINANCIAL SOLUTION ADVISORS, PLLC
350 PABLO PROFESSIONAL COURT
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: JO HAGAN 03/17/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	AUSTIN, CARLA
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIR, SECRETARY
Name	GOLDSMITH, BENJAMIN F
Address	5172 SPRING GLEN RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR, TREASURER
Name	TRAER, BILL
Address	8825 GOODBY'S EXEC DR STE B
City-State-Zip:	JACKSONVILLE FL 32216

Title	OTHER, BOARD MEMBER
Name	GATEWOOD, HAL
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIR, CHAIRMAN
Name	ALLCORN, FRANK W
Address	4287 VENETIA BLVD
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	COLEMAN, PATRICK
Address	4834 ALGONQUIN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	OTHER, BOARD MEMBER
Name	BAST, DAVID
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	OTHER, BOARD MEMBER
Name	BROHINSKY, ISAAC
Address	532 RIVERSIDE AVE
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: TINA ROGERS CHIEF OPERATING OFFICER 03/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ANDRADE, EDUARDO
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202