

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003721

**Entity Name:** EHLERS-DANLOS SUPPORT GROUP OF JACKSONVILLE INC.

**Current Principal Place of Business:**

9727 TOUCHTON RD  
APT 404  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9727 TOUCHTON RD  
APT 404  
JACKSONVILLE, FL 32246 US

**FEI Number:** 83-4251767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOODMAN, RACHEL A  
9727 TOUCHTON RD  
APT 404  
JACKSONVILLE, FL 32246 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GOODMAN, RACHEL A  
Address 9727 TOUCHTON RD APT 404  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name GOODMAN, WILLIAM  
Address 9727 TOUCHTON RD APT 404  
City-State-Zip: JACKSONVILLE FL 32246

Title O  
Name SUTTON, BECCA  
Address 2038 WEST RD  
City-State-Zip: JACKSONVILLE FL 32216

Title O  
Name DIEL, STEPHANIE  
Address 3639 MIMOSA DR  
City-State-Zip: JACKSONVILLE FL 32207

Title O  
Name WITHERS, VICTORIA  
Address 4435 HUDNALL RD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** RACHEL GOODMAN

**PRESIDENT**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date