

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008705

**Entity Name:** SBL INC.

**Current Principal Place of Business:**

1403 DUNN AVE  
SUITE 2 #332  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1403 DUNN AVE  
SUITE 2 #332  
JACKSONVILLE, FL 32218 US

**FEI Number:** 84-2791416

**Certificate of Status Desired:** No

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

WILLIAMS, SHAVONNE A  
220 NETTLES LANE  
APT. 302  
PONTE VEDRA, FL 32081 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 WILLIAMS, SHAVONNE A  
Address 525 W 65TH STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title SECR  
Name JEAN-LOUIS, ISEMANITTE  
Address 6677 LANA LANE  
City-State-Zip: JACKSONVILLE FL 32244

Title TREA  
Name JEAN-LOUIS, ERNYSE  
Address 6677 LANA LANE  
City-State-Zip: JACKSONVILLE FL 32244

Title VP  
Name JEAN-LOUIS, BERVELY  
Address 6677 LANA LANE  
City-State-Zip: JACKSONVILLE FL 32244

Title ASEC  
Name DOMINGUEZ, MALAYA M  
Address 525 W 65TH STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title ATRE  
Name MARIANA, AIYANNA I  
Address 525 W 65TH STREET  
City-State-Zip: JACKSONVILLE FL 32208

*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:** SHAVONNE WILLIAMS

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date