

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

DOCUMENT# N19000010266

**Entity Name:** THE 77 FOUNDATION INC.

**Current Principal Place of Business:**

1601-1 N MAIN ST #3159, SMB 7408  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1601-1 N MAIN ST #3159, SMB 7408  
SMB 7408  
JACKSONVILLE, FL 32206 US

**FEI Number:** 84-3233772

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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:** TRAVIS CRABTREE OBO LEGALCORP SOLUTIONS, LLC

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KELLY, JAMES M JR.  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

Title TRE  
Name LEE, SHARON  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

Title SEC  
Name LEE, SHARON  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

Title DIR  
Name KELLY,, JAMES M JR  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

Title DIR  
Name NAVARRO, JAMES  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

Title DIR  
Name KELLY, JAMES M  
Address 1601-1 N MAIN ST #3159, SMB 7408  
City-State-Zip: JACKSONVILLE FL 32206

*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:** SHARON LEE

**SECRETARY**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date