

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011057

**Entity Name:** THE SHONDO CENTER INC

**Current Principal Place of Business:**

9813 PATRIOT RIDGE DRIVE  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

P.O. BOX 441361  
JACKSONVILLE, FL 32222 UN

**FEI Number:** 85-3229210

**Certificate of Status Desired:** Yes

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

VALENTINE, JEFFREY B  
9813 PATRIOT RIDGE DRIVE  
JACKSONVILLE, FL 32221 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 VALENTINE, JEFFREY B  
Address 9813 PATRIOT RIDGE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name VALENTINE, REGINALD  
Address 1169 EVENING SCROLL LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title DIR  
Name SPEARMAN, LILVEGAS  
Address 12327 CROSSFIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title DIR  
Name VALENTINE, PATRICIA  
Address 9813 PATRIOT RIDGE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

Title DIR  
Name LIVERS, MARLON  
Address 985 PARK FOREST LANE  
City-State-Zip: JACKSONVILLE 32211

Title DIR  
Name HAIRSTON , CEDRIC DALE  
Address 1802 MATHEWS MANOR DRIVE  
City-State-Zip: JACKSONVILLE 32211

*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:** JEFFREY B VALENTINE

**FOUNDER**

**03/19/2025**

Electronic Signature of Signing Officer/Director Detail

Date