

2021 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:** No**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	DIR
Name	VALENTINE, PATRICIA
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	LIVERS, MARLON
Address	8289 ALDERMAN ROAD
City-State-Zip:	JACKSONVILLE FL 32211

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

Title	DIR
Name	WILLIAMS, TONY
Address	12908 HAVERFORD RD APT 11
City-State-Zip:	JACKSONVILLE FL 32218

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**PRESIDENT/FOUNDER****02/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date