

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000007126

Entity Name: EMMANUEL PROJECT OF NORTHEAST FLORIDA INC.

Current Principal Place of Business:

445 TOWN PLAZA AVE
PONTE VEDRA, FL 32081

Current Mailing Address:

445 TOWN PLAZA AVE
PONTE VEDRA, FL 32081 US

FEI Number: 88-2911643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBISON, JOHN
8589 FLORENCE COVE ROAD
SAINT AUGUSTINE, FL 32092 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 BOARD CHAIRMAN
Name ROBISON, JOHN
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

Title OFFICER
Name ROBISON, KRISTINA
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

Title EXECUTIVE DIRECTOR
Name MOLZER, MARK
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER
Name JENSEN, PETER
Address 6 EAST BAY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title MEDICAL DIRECTOR
Name WHITE, BONNIE DR.
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER
Name FRANKLIN, LISA
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

Title BOARD MEMBER
Name PAUL, BLACK
Address 445 TOWN PLAZA AVE
City-State-Zip: PONTE VEDRA FL 32081

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: MARK MOLZER

EXECUTIVE DIRECTOR

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date