

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000008223

**Entity Name:** WALKER ARTS AND CULTURAL INSTITUTE INC.

**Current Principal Place of Business:**

12493 WEEPING BRANCH CIRCLE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

12493 WEEPING BRANCH CIRCLE  
JACKSONVILLE, FL 32218

**FEI Number:** 92-3672207

**Certificate of Status Desired:** Yes

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

WALKER, JAREN C  
12493 WEEPING BRANCH CIRCLE  
JACKSONVILLE, FL 32218 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            CEO  
Name            WALKER, JAREN C  
Address        12493 WEEPING BRANCH CIRCLE  
City-State-Zip: JACKSONVILLE FL 32218

Title            O  
Name            GRIGGS, CHARLES L  
Address        3623 JACOB LOIS DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title            E  
Name            GRIGGS, CHARLES L  
Address        3623 JACOB LOIS DRIVE  
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:** JAREN WALKER

CEO

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date