| 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.   |

MR.

#### SIGNATURE: JAREN C WALKER

I

Electronic Signature of Signing Officer/Director Detail

Address 3623 JACOB LOIS DRIVE City-State-Zip: JACKSONVILLE FL 32218

### С

SIGNATURE:

| Officer/Director Detail : |                             |                 |                       |  |
|---------------------------|-----------------------------|-----------------|-----------------------|--|
| Title                     | CEO                         | Title           | 0                     |  |
| Name                      | WALKER, JAREN C             | Name            | GRIGGS, CHARLES L     |  |
| Address                   | 12493 WEEPING BRANCH CIRCLE | Address         | 3623 JACOB LOIS DRIVE |  |
| City-State-Zip:           | JACKSONVILLE FL 32218       | City-State-Zip: | JACKSONVILLE FL 32218 |  |
| Title                     | E                           |                 |                       |  |
| THE                       | L                           |                 |                       |  |
| Name                      | GRIGGS, CHARLES L           |                 |                       |  |
| Address                   | 3623 JACOB LOIS DRIVE       |                 |                       |  |

### 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.

12493 WEEPING BRANCH CIRCLE JACKSONVILLE, FL 32218

# FEI Number: 92-3672207

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WALKER, JAREN C 12493 WEEPING BRANCH CIRCLE JACKSONVILLE, FL 32218 US

**Current Principal Place of Business:** 12493 WEEPING BRANCH CIRCLE JACKSONVILLE, FL 32218

### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N2200008223

Entity Name: WALKER ARTS AND CULTURAL INSTITUTE INC.

### FILED Apr 15, 2024 Secretary of State 2637518864CC

Certificate of Status Desired: No

Date

04/15/2024

Date