

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31693

Entity Name: NORTH FLORIDA FROZEN AND REFRIGERATED FOOD ASSOCIATION, INC.**Current Principal Place of Business:**1112 PAWNEE PLACE
ST JOHNS, FL 32259**Current Mailing Address:**1112 PAWNEE PLACE
ST JOHNS, FL 32259 US**FEI Number: 59-2997740****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCNAMARA, TIM F
1112 PAWNEE PLACE
ST JOHNS, FL 32259 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 | PRESIDENT |
| Name | DUCLOS, LORI ANN |
| Address | 6600 CORPORATE CENTER PARKWAY |
| City-State-Zip: | JACKSONVILLE FL 32216 |
| Title | C |
| Name | RAY, DALE |
| Address | 4114 SUNBEAM RD SUITE #200 |
| City-State-Zip: | JACKSONVILLE FL 32257 |

| | |
|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | GENTRY , THOMAS R |
| Address | 2719 BRANDYBUCK TRAIL |
| City-State-Zip: | JACKSONVILLE FL 32223-4009 |
| Title | EXECUTIVE DIRECTOR |
| Name | MCNAMARA, TIM F |
| Address | 1112 PAWNEE PL |
| City-State-Zip: | JACKSONVILLE FL 32259 |

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: MCNAMARA , TIM F**EXECUTIVE DIRECTOR****01/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date