

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 05, 2024**

**Secretary of State  
9652688024CC**

DOCUMENT# N93000000040

**Entity Name:** WARREN P. AND JOANNE C. POWERS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

9485 REGENCY SQUARE BLVD. STE 110  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

9485 REGENCY SQUARE BLVD. STE 110  
JACKSONVILLE, FL 32225

**FEI Number: 59-3156041**

**Certificate of Status Desired: No**

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

POWERS, NANCY M  
9485 REGENCY SQUARE BLVD STE 110  
JACKSONVILLE, FL 32225 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 D  
Name POWERS, WARREN P  
Address 9485 REGENCY SQUARE BLVD  
STE 110  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name POWERS, JOANNE C  
Address 1050 TALLEYRAND AVE  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name POWERS, PATRICK D  
Address 7711 E. MARGARET DRIVE  
City-State-Zip: ANAHEIM HILLS CA 92808-2109

Title DIRECTOR  
Name COLLINS, JANE  
Address 9485 REGENCY SQUARE BLVD.  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name POWERS, NANCY  
Address 9485 REGENCY SQUARE BLVD.  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name POWERS, THOMAS  
Address 9485 REGENCY SQUARE BLVD.  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32225

*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: NANCY M POWERS**

**DIRECTOR**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date