2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
CC5887118019

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Entity Name: THE TOM COUGHLIN JAY FUND FOUNDATION, INC.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 6
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

PO BOX 50798
JACKSONVILLE BEACH, FL 32240

FEI Number: 59-3426937

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE, FL 32207 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	PD
Name	COUGHLIN, TOM
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DT
Name	WHEELER, LAMAR
Address	7406 FULLERTON STREET
City-State-Zip:	JACKSONVILLE FL 32256

Title	ED
Name	COUGHLIN, KELI
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DIRECTOR
Name	BONO, ERNIE JR.
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	DVP
Name	COUGHLIN, JUDY
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE FL 32240

Title	DVPS
Name	BONO, ERNEST PSR
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE BEACH FL 32240

Title	D
Name	GARY, CHARTRAND
Address	6600 CORPORATE CENTER PARKWAY
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	CONNERS, JJ
Address	PO BOX 50798
City-State-Zip:	JACKSONVILLE BEACH FL 32240

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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: KELI COUGHLIN EXECUTIVE DIRECTOR 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COUGHLIN, BRIAN
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name D'ALESSANDRO, TINA DR.
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name RAMSEY, SANDRA
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name SCERBO, TOM
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name CRAWFORD, JOHN ESQ.
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name RACKLEY, TOM
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name SANDLER, MARCY
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title DIRECTOR
Name ZEIDWIG, BARRY
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240