2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2021
Secretary of State
7575428067CC

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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: No

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

Title	TREASURER
Name	RAMSEY, SANDRA
Address	5000 SAWGRASS VILLAGE CIRCLE SUITE 6
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	CEO
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	DIRECTOR
Name	CRAWFORD, JOHN ESQ.
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 — CHIEF EXECUTIVE OFFICER — 01/15/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	MESROBIAN, ANNE ESQ.
Address	5000 SAWGRASS VILLAGE CIRCLE SUITE 6
City-State-Zip:	PONTE VEDRA BEACH FL 32082