

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003097

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:**TOM COUGHLIN JAY FUND FOUNDATION
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:** RICHARD NAYLOR

01/06/2025

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 RAMSEY, SANDRA
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: RICHARD NAYLOR

COO

01/06/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title COO
Name NAYLOR, RICHARD BARLETT
Address 5000 SAWGRASS VILLAGE CIRCLE
SUITE 6
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title OFFICER
Name MCGILLIS, MICHAEL
Address 5000 SAWGRASS VILLAGE CIRCLE
SUITE 6
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

Title DIRECTOR
Name JACKSON, SAUNDRA DR.
Address PO BOX 50798
City-State-Zip: JACKSONVILLE BEACH FL 32240

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

Title OFFICER
Name BOOTHE, KEVIN
Address 5000 SAWGRASS VILLAGE CIRCLE
SUITE 6
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title OFFICER
Name KELLY, THOMAS
Address 5000 SAWGRASS VILLAGE CIRCLE
SUITE 6
City-State-Zip: PONTE VEDRA BEACH FL 32082