

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004675

Entity Name: TOBACCO-FREE JACKSONVILLE COALITION, INC.**Current Principal Place of Business:**515 W 6TH STREET, MC43
JACKSONVILLE, FL 32206**Current Mailing Address:**515 W 6TH STREET, MC43
JACKSONVILLE, FL 32206**FEI Number:** 59-3533927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REAGAN, HARRY S
55 WEST 9TH ST
JACKSONVILLE, FL 32206 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	TREASURER
Name	FULLER, JR, A. ROY
Address	1354 N LAURA STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	BOARD MEMBER
Name	BOLTON, BEVERLY
Address	515 W 6TH STREET, MC43
City-State-Zip:	JACKSONVILLE FL 32206

Title	DIRECTOR
Name	KENNISON, LYNNETTE
Address	2800 UNIVERSITY BLVD N
City-State-Zip:	JACKSONVILLE FL 32211

Title	PRESIDENT
Name	REAGAN, HARRY
Address	55 WEST 9TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	BOARD MEMBER
Name	JENSEN, ELIZABETH
Address	5729 FORT SUMTER ROAD
City-State-Zip:	JACKSONVILLE FL 32210

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: A. ROY FULLER, JR.**TREASURER****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date