

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006682

Entity Name: WAYMAN ACADEMY OF THE ARTS, INC.**Current Principal Place of Business:**1176 LABELLE STREET
JACKSONVILLE, FL 32205**Current Mailing Address:**1176 LABELLE STREET
JACKSONVILLE, FL 32205**FEI Number:** 31-1702669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIFFIN, MARK L
12511 MISSION HILLS DRIVE SOUTH
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	DPC
Name	GRIFFIN, MARK L
Address	12511 MISSION HILLS DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	AMMONS, ANTHONY
Address	2001 ART MUSEUM DRIVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	HARVEY, TERRENCE
Address	300 WEST ADAMS ST., SUITE 240
City-State-Zip:	JACKSONVILLE FL 32202

Title	DS
Name	WILSON, CAROLYN BENNETT
Address	11044 TRACI LYNN DR
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	NEWBY, SAMUEL
Address	11701 PALM LAKE DRIVE
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	JONES, TIFFANY FRAZIER
Address	922 SWEET MILL CT
City-State-Zip:	LAWRENCEVILLE GA 30045

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: MARK L GRIFFIN**CHAIRMAN****03/21/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date