

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000013629

**Entity Name:** WRN FINANCIAL CORPORATION

**Current Principal Place of Business:**

5210 BELFORT RD  
SUITE 300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5210 BELFORT RD  
SUITE 300  
JACKSONVILLE, FL 32256 US

**FEI Number:** 56-2431545

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICHOLSON, WILLIAM R  
5210 BELFORT RD  
SUITE 300  
JACKSONVILLE, FL 32256 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           VP  
Name           NICHOLSON, ALLISON  
Address        5210 BELFORT RD  
                  SUITE 300  
City-State-Zip: JACKSONVILLE FL 32256

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLISON NICHOLSON

VP

01/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date