## 2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000043361

Entity Name: NAVITAS CREDIT CORP.

**Current Principal Place of Business:** 

203 FORT WADE ROAD

SUITE 300

PONTE VEDRA BEACH, FL 32081

**Current Mailing Address:** 

303 FELLOWSHIP ROAD

SUITE 310

MT. LAUREL, NJ 08054 US

FEI Number: 26-2520942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: DENISE BELL, ASST, SECRETARY 10/16/2023

Electronic Signature of Registered Agent

Date

**FILED** Oct 16, 2023

Secretary of State

5062100673CC

Officer/Director Detail:

SUITE 700

Title **DIRECTOR** Title DIRECTOR

Name HARTON, H. LYNN Name HARRALSON, JEFFERSON L.

Address 2 W WASHINGTON ST. Address 2 W WASHINGTON ST.

STE. 700

GREENVILLE SC 29601 GREENVILLE SC 29601 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title SECRETARY

EDWARDS, ROBERT A. DAVIS LUX, MELINDA Name Name

2 W WASHINGTON ST., 2 W WASHINGTON ST., Address Address

STE. 700 STE. 700

GREENVILLE SC 29601 GREENVILLE SC 29601 City-State-Zip: City-State-Zip:

Title PRESIDENT, DIRECTOR Title VΡ

BRUMAN, MICHAEL KUMLER, ALAN H Name Name

814 HIGHWAY A1A NORTH 125 HWY 515 E, Address Address SUITE 205

SUITE 310

PONTE VEDRA BEACH FL 32082 City-State-Zip:

Title **DIRECTOR** Title **TREASURER** Name COX, ABRAHAM HILL, ROB Name

2 W WASHINGTON ST., Address Address 303 FELLOWSHIP ROAD

STE. 700

BLAIRSVILLE GA 30512

GREENVILLE SC 29601 City-State-Zip: City-State-Zip: MT. LAUREL NJ 08054

Continues on page 2

City-State-Zip:

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.

10/16/2023 SIGNATURE: MELINDA DAVIS LUX SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SHIVERS, GARY

Address 203 FORT WADE ROAD

SUITE 300

City-State-Zip: PONTE VEDRA BEACH FL 32081