

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012178

Entity Name: BAYMEADOWS CENTER FOR HOPE & HEALING, INC.

Current Principal Place of Business:

4826 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

Current Mailing Address:

4826 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217 US

FEI Number: 85-3813417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, KAYE L
4826 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217 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 P
Name PAINTER, MARK R
Address 425 LAURINA ST
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name BRAITHWAITE, DAN T
Address 5326 CAMELOT FOREST
City-State-Zip: JACKSONVILLE FL 32258

Title T
Name BLOMBERG, BILLY E
Address 8617 SW 19TH ST
City-State-Zip: OKEECHOBEE FL 34974

Title S
Name PAINTER, JODY L
Address 425 LAURINA ST.
City-State-Zip: JACKSONVILLE FL 32216

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: JODY PAINTER

SECRETARY

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date