

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009482

**Entity Name:** GUIDEWELL MUTUAL HOLDING CORPORATION**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 US**FEI Number:** 46-3949427**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MACCARTHY, DEIRDRE  
4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 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:** DEIRDRE MCCARTHY

04/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, PRESIDENT  
Name GERAGHTY, PATRICK J  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title CFO  
Name JUSTICE, THURMAN R  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name JOSEPH, CHARLES S  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name COATS, WILLIAM A  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-5  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name HALVERSON, STEVEN T  
Address 825 MAPLETON TERRACE  
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN  
Name RAMIL, JOHN B  
Address 6416 MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name KUNTZ, THOMAS G  
Address 1568 HOLTS GROVE CIRCLE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name MILLS, HAROLD F  
Address 11900 LAKE BUTLER BLVD.  
City-State-Zip: WINDERMERE FL 34768

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*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:** CHARLES S. JOSEPH**SECRETARY**

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SASTRE, MARIA A  
Address 2420 INDIAN MOUND TRAIL  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BURWELL, SYLVIA M  
Address 4810 ROCKWOOD PARKWAY NW  
City-State-Zip: WASHINGTON DC 20016-8060

Title DIRECTOR  
Name THAKKAR, RASESH H  
Address 9833 LAKE LOUISE DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name COST, TIMOTHY P  
Address 365 ROYAL TERN ROAD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name BLUM, KRISTEN E  
Address 4938 MONTEREY DRIVE  
City-State-Zip: FRISCO TX 75034

Title ASST. SECRETARY  
Name HORNE, SUZANNE U  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-7  
City-State-Zip: JACKSONVILLE FL 32246