

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009482

FILED
Apr 05, 2019
Secretary of State
2383081814CC

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

04/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CFO
Name DIVITA, CHARLES III
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

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

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

Title DIRECTOR
Name HALVERSON, STEVEN T
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name JENKINS, LEERIE T JR.
Address 10748 DEERWOOD PARK BLVD., S.
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIRMAN
Name RAMIL, JOHN B
Address 702 N. FRANKLIN STREET, 3RD FLOOR
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name SCRUGGS, FRANK P JR.
Address 350 EAST LOS OLAS BLVD., SUITE 1000
City-State-Zip: FT. LAUDERDALE FL 33301

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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

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEINBACH, TRACY
Address 1121 CRANDON BOULEVARD, #F403
City-State-Zip: KEY BISCAYNE FL 33149

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

Title DIRECTOR
Name COST, TIM
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR
Name SASTRE, MARIA A
Address 201 S. ORANGE AVE.
SUITE 1100
City-State-Zip: ORLANDO FL 32801

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