2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009482

Entity Name: GUIDEWELL MUTUAL HOLDING CORPORATION

FILED Apr 27, 2020 Secretary of State 5089837439CC

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 04/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CEO, PRESIDENT Title CFO

Name GERAGHTY, PATRICK J Name JUSTICE, THURMAN

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 1-8 DC 1-8

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY Title TREASURER

Name JOSEPH, CHARLES S Name COATS, WILLIAM A

Address 4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY

DC 1-8 DC 1-5

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR Title DIRECTOR

NameHALVERSON, STEVEN TNameJENKINS, LEERIE T JR.Address825 MAPLETON TERRACEAddress3189 U.S. 17, SOUTHCity-State-Zip:JACKSONVILLE FL 32207City-State-Zip:ORANGE PARK FL 32003

Title CHAIRMAN Title DIRECTOR

NameRAMIL, JOHN BNameSCRUGGS, FRANK P JR.Address6416 MACLAURIN DRIVEAddress923 HYACINTH DRIVECity-State-Zip:TAMPA FL 33647City-State-Zip:DELRAY BEACH FL 33483

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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 04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name LEINBACH, TRACY

Address 36 LAKE JULIA DRIVE SOUTH

City-State-Zip: PONTE VEDRA BEACH FL 32083

Title DIRECTOR

Name MILLS, HAROLD

Address 11900 LAKE BUTLER BLVD.

City-State-Zip: WINDERMERE FL 34768

Title DIRECTOR
Name COST, TIM

Address 2800 UNIVERSITY BLVD. NORTH

City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR

Name BLUM, KRISTEN

Address 4938 MONTEREY DRIVE

City-State-Zip: FRISCO TX 75034

Title DIRECTOR

Name KUNTZ, THOMAS

Address 1568 HOLTS GROVE CIRCLE

City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR

Name SASTRE, MARIA A

Address 2000 SOUTH BAYSHORE DRIVE VILLA

43

City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR

Name BURWELL, SYLVIA

Address 4400 MASSACHUSETTS AVENUE NW

City-State-Zip: WASHINGTON DC 20016-8060