

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002458

**Entity Name:** ONE FLORIDA 2 CONFERENCE DEVELOPMENT INC.

**Current Principal Place of Business:**

3394 MILLCREST DRIVE  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

3394 MILLCREST DRIVE  
JACKSONVILLE, FL 32277 UN

**FEI Number: 86-1756692**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TABB, CHARLES VP  
3394 MILLCREST DRIVE  
JACKSONVILLE, FL 32277 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 LARTEY, SETH O  
Address 2159 VAUGHN LANE  
City-State-Zip: MONTGOMERY AL 36106

Title VP  
Name TABB, CHARLES  
Address 3394 MILLCREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title E D  
Name EASLEY, MACHELLE  
Address 2744 SOUTHERN OAK DRIVE  
City-State-Zip: CANTONMENT FL 32533

Title SEC  
Name MATTHEW-ZAKAY, LILLIAN V  
Address 9819 MORRIS GLEN WAY  
City-State-Zip: TEMPLE TERRACE FL 33637

Title T  
Name PHILPOT, JOHN L SR  
Address 1221 LEPLEY ROAD  
City-State-Zip: PENSACOLA FL 32534

Title CHAP  
Name PEARSON-MC INTYRE, ROCHELLE  
Address 703 WHITEHEAD STREET  
City-State-Zip: KEY WEST FL 33040

*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: REV CHARLES TABB**

**P**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date