

RESOLUTION NO. 2024 – JHA – 29

SEACOAST CORPORATE AUTHORIZATION

- WHEREAS,** Seacoast Bank is designated as a depository for the funds of the Jacksonville Housing Authority (“JHA”) and to provide other financial accommodations indicated in this resolution; and
- WHEREAS,** given the recent resignations of former Acting CEO Vanessa Dunn and former CFO Dennis Lohr, effective August 30, 2024, JHA will lack a designated agent to serve as signatory for JHA’s on its account (Acct. No. 4122204315) with Seacoast Bank (the “Account”); and
- WHEREAS,** the Board of Commissioners of JHA desires to appoint Roslyn Mixon-Phillips, who is acting CEO of JHA, as agent and signatory for the Account; and
- WHEREAS,** this Resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. All prior resolutions adopted by the Board of Commissioners of the Jacksonville Housing Authority and certified to the Seacoast Bank as governing the operation of Jacksonville Housing Authority’s accounts, are in full force and effect, until Seacoast Bank receives and acknowledges an express written notice of its revocation, modification, or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation satisfactory to Seacoast Bank, establishing the authority for the changes; and
- WHEREAS,** any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make all other contracts, agreements, stipulations, and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with Seacoast Bank, subject to any restrictions this resolution or otherwise agreed to in writing; and
- WHEREAS,** all transactions, if any, with respect to any deposits, withdrawals, rediscounts, and borrowings by or on behalf of Jacksonville Housing Authority with Seacoast Bank prior to the adoption of this Resolution are hereby ratified, approved, and confirmed; and
- WHEREAS,** the Jacksonville Housing Authority agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Jacksonville Housing Authority. The Jacksonville Housing Authority authorizes Seacoast Bank, at any time, to charge Jacksonville Housing Authority for all checks, drafts, or other orders, for the payment of money, that are drawn on the Jacksonville Housing Authority, so long as they contain the required number of signatures for this purpose; and
- WHEREAS,** the Jacksonville Housing Authority acknowledges and agrees that the Seacoast Bank may furnish at its discretion automated access devices to Agents of Jacksonville Housing Authority to facilitate those powers by this resolution or other resolutions in effect at the time of issuance. The term “automated access device”

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Seacoast Authorization for Mixon-Phillips

includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards; and

WHEREAS, the Jacksonville Housing Authority acknowledges and agrees that Seacoast Bank may rely on alternative signature and verification codes issued to or obtained from the Agent named in this Resolution. The term “alternative signature and verification codes” includes, but is not limited to, facsimile signatures on file with Seacoast Bank, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Jacksonville Housing Authority with Seacoast Bank from time to time) the Seacoast Bank is authorized to treat the facsimile as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature on the specimen file. The Jacksonville Housing Authority each Agent to have custody of the Jacksonville Housing Authority’s private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Seacoast Bank shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing; and

WHEREAS, this Resolution supersedes all prior resolutions related to the appointment of an Agent for the Account; and

NOW, THEREFORE, BE IT RESOLVED BY THE JACKSONVILLE HOUSING AUTHORITY THAT, the Jacksonville Housing Authority Board of Commissioners hereby appoints Roslyn Mixon-Phillips to act as Agent and signatory for JHA for the Account, and any other accounts that the Authority may duly open at Seacoast Bank, and authorizes Ms. Mixon-Phillips to complete all necessary paperwork, including the Seacoast Account Agreement, attached hereto as Exhibit “A,” to effectuate this purpose.

ADOPTED:

Heather Horovitz, Board Chair

Date

Approved by Office of General Counsel

EXHIBIT A

Seacoast Account Agreement

ACCOUNT AGREEMENT

Seacoast National Bank
815 Colorado Ave
Stuart, FL 34994

Account Number: 4122204315

Account Owner(s) Name & Address
Jacksonville Housing Authority
1300 Broad St N
Jacksonville FL 32202-3938

Agreement Date: 05/30/2024 By: Jacqueline McKinney

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:

Checking Savings NOW M ne Market
Initial Deposit \$ Source: Deposit

Ownership of Account - CONSUMER (Select One and Initial)

- Single-Party Account Trust-Separate Agreement
Multiple-Party Account
Multiple-Party Account - Tenancy by the Entireties
Other

Rights at Death (Select One and Initial)

- Single-Party Account
Multiple-Party Account With Right of Survivorship
Multiple-Party Account Without Right of Survivorship
Single-Party Account With Pay On Death
Multiple-Party Account With Right of Survivorship and Pay On Death

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
Electronic Fund Transfers Privacy Substitute Checks
Common Features

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]

I.D. # D.O.B.

(2): [X]

I.D. # D.O.B.

(3): [X]

I.D. # D.O.B.

(4): [X]

I.D. # D.O.B.

Convenience Account Agent (Single-Party Accounts Only)

[X]

I.D. # D.O.B.

Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
LLC (LLC tax classification: C Corp S Corp Partnership)
C Corporation S Corporation Non-Profit
Corporation-Government Entity

Business:

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)

By signing at right, I, certify under penalties of perjury that the statements made in this section are true.

TIN: 59-327 4 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any)

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

05/30/2024

Prepared by: Jacqueline McKinney

I. GENERAL INSTRUCTIONS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number in the case of Non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

- i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

PERSONS OPENING AN ACCOUNT ON BEHALF OF A LEGAL ENTITY MUST PROVIDE THE FOLLOWING INFORMATION:

Name and Title of Natural Person Opening Account:	Roslyn Mixon-Phillips Acting CEO
Type of Legal Entity for Which the Account is Being Opened:	Corporation
EIN for Which the Account is Being Opened:	593278450
Name of Legal Entity for Which the Account is Being Opened:	Jacksonville Housing Authority
Physical Address of Legal Entity for Which the Account is Being Opened	1300 Broad St N Jacksonville, FL 32202-3938

Provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal entity listed above:

PROFILE #1		
Name	Date of Birth	% Owner
Address (Residential or Business Street Address)		
For U.S. Persons: Social Security Number		For Non-U.S. Persons: Passport # & Country
PROFILE #2		
Name	Date of Birth	% Owner
Address (Residential or Business Street Address)		
For U.S. Persons: Social Security Number		For Non-U.S. Persons: Passport # & Country
PROFILE #3		
Name	Date of Birth	% Owner
Address (Residential or Business Street Address)		
For U.S. Persons: Social Security Number		For Non-U.S. Persons: Passport # & Country
PROFILE #4		
Name	Date of Birth	% Owner
Address (Residential or Business Street Address)		
For U.S. Persons: Social Security Number		For Non-U.S. Persons: Passport # & Country

- If checked, Beneficial Owner listing requirement is Not Applicable
 If checked, No additional Individuals with Ownership Over 25%
 If checked, Additional business entities own the primary legal entity

The following information for one individual with significant responsibility for managing the Legal Entity listed above:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- Any other individual who regularly performs similar functions. If appropriate, an individual listed in the section above may also be listed in this section.

Name	Date of Birth	% Owner
		0.00
Address (Residential or Business Street Address)		
For U.S. Persons: Social Security Number		For Non-U.S. Persons: Passport # & Country

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information above is complete and correct.

At the time of each renewal of this product (if applicable), I also agree to notify Seacoast Bank of any change in beneficial ownership information.

I Signature/Borrower

Title

Date



Corporate Authorization Resolution

Seacoast National Bank
815 Colorado Ave
Stuart, FL 34994

By: Jacksonville Housing Authority
1300 Broad St N
Jacksonville, FL 32202-3938

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, _____, certify that I am Secretary (clerk) of the above named corporation organized under the laws of Florida _____, Federal Employer I.D. Number 59-3278450, engaged in business under the trade name of Jacksonville Housing Authority, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 11/16/2023 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. _____	X _____	X _____
B. _____	X _____	X _____
C. _____	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

Powers Granted. (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
A _____	(1) Exercise all of the powers listed in this resolution.	1 _____
_____	(2) Open any deposit or share account(s) in the name of the Corporation.	1 _____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1 _____
_____	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	1 _____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	1 _____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	1 _____
_____	(7) Other:	1 _____

Limitations on Powers. The following are the Corporation's express limitations on the powers granted under this resolution.

Resolutions

The Corporation named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ Supersedes all prior _____. If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on
 2024-05-30 23:59:59 (date).

 Secretary

 Attest by One Other Officer

For Financial Institution Use Only	
Acknowledged and received on _____ (date) by _____ (initials)	
<input type="checkbox"/> This resolution is superseded by resolution dated _____ Any future resolution _____	
Comments:	
I certify that I have reviewed this document for completeness and accuracy and that I have reviewed all supporting documentation, including SunBiz.	
Date: _____	Signature: _____