

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006321

Entity Name: THE JACKSON HOUSE FOUNDATION, INC.**Current Principal Place of Business:**851 EAST ZACK STREET
TAMPA, FL 36602**Current Mailing Address:**P.O. BOX 173076
TAMPA, FL 33672**FEI Number: 46-1008745****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILMORE, RICARDO LESQ
201 EAST KENNEDY BLVD STE 600
FIFTH THIRD PLAZA
TAMPA, FL 33602 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 MEMBER
Name CRUSE, PATRICIA D
Address 8318 VOLUSIA PLACE
City-State-Zip: TAMPA FL 33637

Title MEMBER
Name JACKSON , ANTIONETTE
Address 9135 MAGGIE COURT
City-State-Zip: SAN ANTONIO TX 78240-2194

Title VICE CHAIR
Name ROBINSON, WILLIE JR
Address 3208 LINDELL AVE
City-State-Zip: TAMPA FL 33610

Title MEMBER
Name ROBINSON, DESIREE D
Address 2203 PLEASURE RUN DRIVE
City-State-Zip: RUSKIN FL 33570

Title CHAIR
Name COLLINS, CAROLYN DR
Address 4002 W LA SALLE STREET
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY, MARKETIING
DIRECTOR
Name KING, PENDA
Address 3000 47TH AVE S
City-State-Zip: ST PETERSBURG FL 33712

Title TREASURER
Name PULLER, WILLIAM M
Address 4133 CORTEZ WAY SOUTH
City-State-Zip: ST PETERSBURG FL 33712

Title MEMBER
Name BONSER, ELVAMARIE
Address 6515 SOUTH HIMES AVE
City-State-Zip: TAMPA FL 33611

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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: WILLIAM M PULLER**TREASURER****01/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MATTHEWS, IRENE
Address 1313 E. CONOVER STREET
City-State-Zip: TAMPA FL 33607

Title MEMBER
Name MAVROS, JOHN
Address P. O. BOX 173076
City-State-Zip: TAMPA FL 33672