#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006321

Entity Name: THE JACKSON HOUSE FOUNDATION, INC.

**FILED** Mar 17, 2024 **Secretary of State** 7179098875CC

## **Current Principal Place of Business:**

851 EAST ZACK STREET TAMPA, FL 33602

# **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 VICE CHAIR Title **CHAIR** 

Name KING, PENDA Name COLLINS, CAROLYN DR. Address 3000 47TH AVENUE S. Address 4002 W LASALLE STREET

City-State-Zip: TAMPA FL 33607 City-State-Zip: ST. PETERSBURG FL 33672

Title DIRECTOR Title **SECRETARY** 

PULLER, WILLIAM M Name Name MATTHEWS, IRENE

Address 4133 CORTEZ WAY SOUTH Address 1313 E. CONOVER STREET

ST PETERSBURG FL 33712 City-State-Zip: TAMPA FL 33603 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

LUMPKIN, LE URSULA Name Name HARRIS, AALIYAH

Address 5640 SANTA MONICA BLVD. APT. # Address 1932 ERIN BROOKE DRIVE

City-State-Zip: VALRICO FL 33594 City-State-Zip: LOS ANGELES, CA CA 90038

Title **DIRECTOR** Title DIRECTOR Name MASSEY, ALEX Name COLE, JAYLIN

Address 2007 17TH AVENUE 305 S. RIVERHILLS DRIVE Address City-State-Zip: TAMPA FL 33605

TEMPLE TERRACE FL 33617 City-State-Zip:

# Continues on page 2

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: DR. CAROLYN COLLINS

CHAIR, BOARD OF DIRECTOR

03/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title ASST. TREASURER

Name JEFFERSON, TAMARA

Address 1018 E. 32ND AVENUE

City-State-Zip: TAMPA FL 33603

Title DIRECTOR

Name WILLIAMS, RONNIE
Address 109 W. CREST AVENUE

City-State-Zip: TAMPA FL 33603

Title DIRECTOR

Name ROBINSON, DESIREE D.
Address 3208 E. LINDELL AVENUE

APT. B

City-State-Zip: TAMPA FL 33610

Title TREASURER

Name MCDUFFIE, ROLANDA Address 4603 LIMERICK DRIVE

City-State-Zip: TAMPA FL 33610

Title DIRECTOR

Name HALL, JACQUELYNN

Address 8731 SERENE RETREAT LANE

APT. # 207

City-State-Zip: TAMPA FL 33619

Title DIRECTOR

Name DAWSON, PATRICIA

Address 1211 N. WEST SHORE BLVD. STE. 307

City-State-Zip: TAMPA FL 33607-4615

Title DIRECTOR

Name CRUSE, PATRICIA D

Address 13040 TAMPA OAKS BLVD.

UNIT # 1201

City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR

Name JACKSON, ANTIONETTE
Address 9135 MAGGIE COURT

City-State-Zip: SAN ANTONIO TX 78240-2194

Title DIRECTOR

City-State-Zip:

Name SCOTT, ANGELA A. DR.
Address 14122 ARBOR PINES DRIVE

RIVERVIEW FL 33579