#### 2016 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

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

GILMORE, RICARDO LESQ 201 EAST KENNEDY BLVD STE 600 FIFTH THIRD PLAZA TAMPA, FL 33602 US FILED Apr 22, 2016 Secretary of State CC6884767178

Certificate of Status Desired: No

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

# Officer/Director Detail :

Officer/Director Detail :			
Title	MEMBER	Title	MEMBER
Name	CRUSE, PATRICIA D	Name	JACKSON , ANTIONETTE
Address	8318 VOLUSIA PLACE	Address	9135 MAGGIE COURT
City-State-Zip:	TAMPA FL 33637	City-State-Zip:	SAN ANTONIO TX 78240-2194
Title	VC	Title	AS
Name	ROBINSON, WILLIE JR	Name	ROBINSON, DESIREE D
Address	3208 LINDELL AVE	Address	2203 PLEASURE RUN DRIVE
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	RUSKIN FL 33570
Title	С	Title	S
Title Name	C COLLINS, CAROLYN DR	Title Name	S KING, PENDA
			-
Name	COLLINS, CAROLYN DR 4002 W LA SALLE STREET	Name	KING, PENDA
Name Address	COLLINS, CAROLYN DR 4002 W LA SALLE STREET	Name Address	KING, PENDA 3000 47TH AVE S
Name Address City-State-Zip:	COLLINS, CAROLYN DR 4002 W LA SALLE STREET TAMPA FL 33607	Name Address City-State-Zip:	KING, PENDA 3000 47TH AVE S ST PETERSBURG FL 33712
Name Address City-State-Zip: Title	COLLINS, CAROLYN DR 4002 W LA SALLE STREET TAMPA FL 33607 T	Name Address City-State-Zip: Title	KING, PENDA 3000 47TH AVE S ST PETERSBURG FL 33712 M
Name Address City-State-Zip: Title Name	COLLINS, CAROLYN DR 4002 W LA SALLE STREET TAMPA FL 33607 T PULLER, WILLIAM M 4133 CORTEZ WAY SOUTH	Name Address City-State-Zip: Title Name	KING, PENDA 3000 47TH AVE S ST PETERSBURG FL 33712 M BONSER, ELVAMARIE

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: WILLIE ROBINSON

VC

Date

Electronic Signature of Signing Officer/Director Detail