

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006511

Entity Name: JACOB TRANSITION SAFE HOUSE INC**Current Principal Place of Business:**3090 42ND TERR SW
NAPLES, FL 34116**Current Mailing Address:**3090 42ND TERR SW
NAPLES, FL 34116**FEI Number:** 85-1501847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS PLUS TAX SOLUTIONS INC
5258 GOLDEN GATE PKWY
106
NAPLES, FL 34116 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	FARGUSON, CORINE
Address	3090 42ND TERR SW
City-State-Zip:	NAPLES FL 34116

Title	VP
Name	GRANT, HORTENSE
Address	3090 42ND TERR SW
City-State-Zip:	NAPLES FL 34116

Title	S
Name	CHRISTIAN, LAUREL
Address	3090 42ND TERR SW
City-State-Zip:	NAPLES FL 34116

Title	T
Name	BARBERA, YUDERCA M
Address	3471 2ND AVE SE
City-State-Zip:	NAPLES FL 34117

Title	S-2
Name	GRANT, MARCIA
Address	3090 42ND TERR SW
City-State-Zip:	NAPLES FL 34116

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: CORINE FARGUSON**PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date