

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:13

DOCUMENT # 834447 (5)
1. Corporation Name

LT. J.G. WALTER A. JACOBS FOUNDATION, INC.

Principal Place of Business

5222 N. BAY RD.
MIAMI BCH. FL 33140
US

Mailing Address

5222 N. BAY RD.
MIAMI BEACH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1975	3a. Date of Last Report 07/26/1994
4. FEI Number 36-2491585	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

E. H. G. RESIDENT AGENTS INC.
2601 S. BAYSHORE DR.
STE. 1225
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, SALLY	1.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, RICHARD F	2.2 NAME	
STREET ADDRESS	5222 NORTH BAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BLUMENTHAL, JANE	3.2 NAME	
STREET ADDRESS	1730 N. VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	KREPS, ANDERW	4.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	KREPS, DAVID	5.2 NAME	
STREET ADDRESS	5222 N. BAY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard F. Jacobs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD F. JACOBS

2/16/95 305-866-7821
Date Daytime Phone