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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33140-2011  
US



3. Date Incorporated or Qualified **05/29/1975** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE VPD ☐ DELETE  
NAME JACOBS, SALLY  
STREET ADDRESS 5222 N. BAY RD.  
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE PD ☐ DELETE  
NAME JACOBS, RICHARD F  
STREET ADDRESS 5222 NORTH BAY ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 00000

TITLE D ☐ DELETE  
NAME BLUMENTHAL, JANE  
STREET ADDRESS 1730 N. VIEW DR.  
CITY-ST-ZIP MIAMI BCH. FL

TITLE SD ☐ DELETE  
NAME KREPS, ANDREW  
STREET ADDRESS 5222 N. BAY RD.  
CITY-ST-ZIP MIAMI BCH. FL

TITLE TD ☐ DELETE  
NAME KREPS, DAVID  
STREET ADDRESS 5222 N. BAY RD.  
CITY-ST-ZIP MIAMI BCH. FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **RICHARD F. JACOBS** 4/14/97 305-674-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029609

CR2E037 (9/96)