2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F01000003880

1. Entity Name
THE FLANAGAN-JACKSON FOUNDATION, INC.

Principal Place of Business	Mailing Address
7087 S HIGHWAY A1A MELBOURNE BEACH, FL 32951	7087 S HIGHWAY A1A MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

05022005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
65-1089365	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MARK
7087 S HIGHWAY A1A
MELBOURNE BEACH, FL 32951

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	O
NAME	JACKSON, MARK
STREET ADDRESS	7087 S HIGHWAY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	O
NAME	JACKSON, CLAUDIA
STREET ADDRESS	7087 S HIGHWAY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Claudia Jackson_   Claudia Jackson   5/12/05   321-953-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #