

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90118 005 \*\*\*\*61.25

**DOCUMENT # N01000000896**

1. Entity Name  
**JNN FOUNDATION, INC.**



Principal Place of Business

**8651 COMMODITY CIRCLE  
ORLANDO FL 32719**

Mailing Address

**8651 COMMODITY CIRCLE  
ORLANDO FL 32719**

2. Principal Place of Business

**7200 LAKE ELLERON DR**

3. Mailing Address

**7200 LAKE ELLERON**

Suite, Apt. #, etc.

**#146**

Suite, Apt. #, etc.

**Suite #146**

City & State

**ORLANDO FLORIDA**

City & State

**ORLANDO FLORIDA**

Zip

**32809**

Country

**US**

Zip

**32809**

Country

**US**

4. FEI Number **59-3699113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SATLEY, STEVEN**

**450 SOUTH ORANGE AVE #650  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**SATLEY, Stephen**

Street Address (P.O. Box Number is Not Acceptable)

**450 South Orange Ave #650**

City

**ORLANDO**

FL

Zip Code

**32801**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, WILLIAM J</b>	
STREET ADDRESS	<b>9653 CROWN PRINCE LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786-6206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLEAN, ALEXANDER J</b>	
STREET ADDRESS	<b>9653 CROWN PRINCE LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786-6206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLEAN, DENISE I</b>	
STREET ADDRESS	<b>9653 CROWN PRINCE LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786-6206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLINE, KELLY</b>	
STREET ADDRESS	<b>2400 PINE NEEDLE TRAIL</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOTLIN, NICOLE</b>	
STREET ADDRESS	<b>4747 S. WASHINGTON AVE., PENTHOUSE 160</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, WILLIAM E</b>	
STREET ADDRESS	<b>2200 PINE NEEDLE TR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICIA, JESICA</b>	
STREET ADDRESS	<b>3904 Stonefield Dr</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICIA, Michael</b>	
STREET ADDRESS	<b>3904 Stonefield Dr</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLINE, Kelly</b>	
STREET ADDRESS	<b>2400 PINE NEEDLE TR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARRERA, Deborah</b>	
STREET ADDRESS	<b>5500 Shore Ct</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

**Kelly Cline**

**1/22/03 401888191**

CR2E037 (10/02)