


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003650					
1. Entity Name THE LARRY JACOBS FOUNDATION INCORPORATED					
Principal Place of Business PO BOX 43495 JACKSONVILLE, FL 32203			Mailing Address PO BOX 43495 JACKSONVILLE, FL 32203		
2. Principal Place of Business - No P.O. Box # 7025 Cypress Bridge Dr.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122009 Chg-NP CR2E037 (11/08)	
City & State PONTE VEDRA BEACH, FL		City & State		4. FEI Number 59-3756433	
Zip 32082		Country ST. JOHN'S		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, LARRY 8216 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32236 7025 CYPRESS BRIDGE DR. NORTH PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2009		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE CEO	<input type="checkbox"/> Delete				
NAME JACOBS, LARRY FOUNDER	<input type="checkbox"/> Delete				
STREET ADDRESS PO BOX 43495	<input checked="" type="checkbox"/> Delete				
CITY - ST - ZIP JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete				
TITLE PS	<input checked="" type="checkbox"/> Delete				
NAME GRIFFIN, LENDWARD	<input type="checkbox"/> Delete				
STREET ADDRESS PO BOX 43495	<input type="checkbox"/> Delete				
CITY - ST - ZIP JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete				
TITLE V	<input type="checkbox"/> Delete				
NAME JACOBS, JERALD	<input type="checkbox"/> Delete				
STREET ADDRESS PO BOX 43495	<input type="checkbox"/> Delete				
CITY - ST - ZIP JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete				
TITLE V	<input checked="" type="checkbox"/> Delete				
NAME PARKS, WAYNE JR	<input type="checkbox"/> Delete				
STREET ADDRESS PO BOX 43495	<input type="checkbox"/> Delete				
CITY - ST - ZIP JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete				
TITLE [Signature]	<input type="checkbox"/> Delete				
NAME [Signature]	<input type="checkbox"/> Delete				
STREET ADDRESS [Signature]	<input type="checkbox"/> Delete				
CITY - ST - ZIP [Signature]	<input type="checkbox"/> Delete				
TITLE [Signature]	<input type="checkbox"/> Delete				
NAME [Signature]	<input type="checkbox"/> Delete				
STREET ADDRESS [Signature]	<input type="checkbox"/> Delete				
CITY - ST - ZIP [Signature]	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE CEO & FOUNDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME JACOBS, LARRY DOUGLAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS P.O. BOX 43495	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP JACKSONVILLE, FL 32203	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME HARRELL, JAMES ALEXANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 156 GILBERT AVENUE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP NEW HAVEN, CT 06511	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Larry Jacobs</u> LARRY JACOBS 2-1-09 (904)864-7664					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
09 FEB 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

