

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003650

1. Entity Name
THE LARRY JACOBS FOUNDATION INCORPORATED



Principal Place of Business
7025 CYPRESS BRIDGE DR
PONTE VEDRA BEACH, FL 32082

Mailing Address
P.O. BOX 43495
JACKSONVILLE, FL 32203



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142010 Chg-NP CR2E037 (11/08)

City & State

City & State

4. FEI Number
59-3756433

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, LARRY
7025 CYPRESS BRIDGE DR
PONTE VEDRA BEACH, FL 32082

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

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 May 1, 2010

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOF
JACOBS, LARRY D
PO BOX 43495
JACKSONVILLE, FL 32203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MERRELL, JAMES A
156 GILBERT AVENUE
NEW HAVEN, CT 06511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JACOBS, JERALD
PO BOX 43495
JACKSONVILLE, FL 32203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HARRELL, JAMES ☒ Change ☐ Addition
SPELL LAST NAME CORRECT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100179236981
04/30/10--01007--004 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Larry Jacobs

LARRY JACOBS

4-25-10

(904) 804-7604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #