

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003650 1. Entity Name THE LARRY JACOBS FOUNDATION INCORPORATED					
Principal Place of Business 7025 CYPRESS BRIDGE DR NORTH 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.			
City & State		City & State			
Zip		Country		4. FEI Number 80-0803909	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACOBS, LARRY 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2012		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO JACOBS, LARRY D PO BOX 43495 JACKSONVILLE, FL 32203 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERRELL, JAMES A 156 GILBERT AVENUE NEW HAVEN, CT 06511 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	HARRELL, JAMES A. P.O. BOX 43495 JACKSONVILLE, FL 32203 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACOBS, JERALD PO BOX 43495 JACKSONVILLE, FL 32203 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900230167789 04/19/12--01005--008 **70.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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: <i>X Larry Jacobs</i>			4-17-12 larry-jacobs@yahoo.com		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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