

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009127

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** THE JACKSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6861 N OCEAN BLVD  
501  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

6861 N OCEAN BLVD  
501  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

6861 N OCEAN BLVD  
501  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

6861 N OCEAN BLVD  
501  
OCEAN RIDGE, FL 33435

**FEI Number:** 14-1862294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JACKSON, MICHAEL T  
Address: ONE NORTH BREAKERS ROW #342  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: JACKSON, PEPPER P  
Address: ONE NORTH BREAKERS ROW  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: STOLARCZUK, HANNA T  
Address: 223 ATLANTIC AVE # 2-D  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JACKSON, MICHAEL F  
Address: 6861 N OCEAN BLVD., APT. # 501  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D (X) Change ( ) Addition  
Name: JACKSON, PEPPER P  
Address: 6861 N OCEAN BLVD., APT. # 501  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D (X) Change ( ) Addition  
Name: STOLARCZYK, HANNA T  
Address: 30 CIRCLE DRIVE, APT. # A  
City-St-Zip: TIBURON, CA 94920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANNA T. STOLARCZYK

D

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date