


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 003 ****61.25

DOCUMENT # N04000006020

1. Entity Name
THE JACOB RANDALL FOUNDATION, INC.



Principal Place of Business
12125 LEXINGTON PARK DRIVE #208 TAMPA, FL 33626

Mailing Address
12125 LEXINGTON PARK DRIVE #208 TAMPA, FL 33626



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number
56-2472725

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE, RENEE J
12125 LEXINGTON PARK DRIVE #208 TAMPA, FL 33626

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	LITTLE, RENEE J	
STREET ADDRESS	12125 LEXINGTON PARK DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANNA, KIM E	
STREET ADDRESS	307 BEDFORD AVENUE	
CITY-ST-ZIP	BUFFALO, NY 14216	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZURAWSKI, JOAN M	
STREET ADDRESS	386 AYER ROAD	
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEHR, ALEXANDRA	
STREET ADDRESS	150 THE VILLAGE GREEN	
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Renee J. Little 4/12/05 813-731-8274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #