

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90004 022 ****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
**14716 Tudor chase Dr.
 Suite, Apt. #, etc.
 Tampa, FL
 City & State**

3. Mailing Address
**14716 Tudor chase Dr.
 Suite, Apt. #, etc.
 Tampa, FL
 City & State**

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number **56-2472725** Applied For Not Applicable

Zip **33626** Country **Hillsborough** Zip **33626** Country **Hillsborough**

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 **Renee J Little**
 Street Address (P.O. Box Number is Not Acceptable)
14716 Tudor chase Dr.
 City **TAMPA** FL Zip Code **33626**

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 *Renee Little*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-21-72
 DATE

**Filing Fee is \$81.25
 Due by May 1, 2006**

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	388 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee J. Little	
STREET ADDRESS	14716 Tudor chase Dr.	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim E. Canna	
STREET ADDRESS	127 Bridal Path	
CITY-ST-ZIP	Williamsville, NY 14221	
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 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: *Renee Little*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-72 **813-781-8274**
 Date Daytime Phone #