2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010418

FILED Jan 04, 2007 Secretary of State

Entity Name: JACOBUS FAMILY FOUNDATION, INC.

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
1177 GEO #307	BUSH BLVD				
	BEACH, FL 33	3483			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
#307	BUSH BLVD BEACH, FL 33	2402			
			PPINIONE OF NEA AND EACH IS A	Outificate of Otaton Busined ()	
FEI Number:	: 20-1843239	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
PRATT, DAVID ESQ. 2255 GLADES ROAD SUITE 125A BOCA RATON, FL 33431 US			2255 GLADES RO SUITE 340 WEST	PRATT, DAVID ESQ. 2255 GLADES ROAD SUITE 340 WEST BOCA RATON, FL 33431 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE:				01/04/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D/P (JACOBUS, GE 1177 GEO BU DELRAY BEAC	SH BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D/VP (JACOBUS, CA 1177 GEO BU DELRAY BEAC	SH BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (PRATT, DAVID 2255 GLADES BOCA RATON	ROAD #125A	Address: 2255 0	(X) Change()Addition T, DAVID ESQ. BLADES ROAD #340 WEST RATON, FL 33431	
Title: Name: Address: City-St-Zip:	D (COOK, ALEXA 8 WHITTIER P BOSTON, MA	LACE #16K	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (JACOBUS, CH 3656 HERSCH CINCINNATI, C	IEL AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (TESKE, LEON 1177 GEO BU DELRAY BEAG	SH BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: LEON E. TESKE T 01/04/2007